

Gift Disclosure Form

Appointed/Elected Official Name:

Title/Position

Reporting Period From (date):

Reporting Period To (date):

Prairie Band Potawatomi Nation
Ethics Commission

P.O. Box 218

Mayetta, KS 66509

Date Received	Description of Gift	Donor Information	Gift Value
Total Value			

Signature:

Date:

Internal Use Only

Reviewed by:	Date