

GRATUITY DISCLOSURE

**SHELBY COUNTY GOVERNMENT
GRATUITY DISCLOSURE FORM**

INSTRUCTIONS: *This form is for all individuals receiving any Shelby County Government contract, subcontract, land use approval or financial grant of money to report any gratuity that has been given, directly or indirectly, to any elected official, employee or appointee (including their spouse and immediate family members) who is involved in the decision regarding the contract, land use approval, or financial grant of money.*

1. NAME

James Zachary, President / Mobile Health Screenings, Inc.

2. DATE OF GRATUITY

None

3. NATURE AND PURPOSE OF THE GRATUITY

None

4. NAME OF THE OFFICIAL, EMPLOYEE, APPOINTEE, OR FAMILY MEMBER WHO RECEIVED THE GRATUITY

None

5. NAME OF THE PERSON OR ENTITY THAT PROVIDED THE GRATUITY

None

6. ADDRESS OF THE PERSON OR ENTITY THAT PROVIDED THE GRATUITY

N/A

7. DESCRIPTION OF THE GRATUITY

None

8. COST OF THE GRATUITY (If cost is unknown and not reasonably discernible by the person giving the gratuity, then the person giving the gratuity shall report a good faith estimate of the cost of the gratuity.)

None

9. The information contained in this Gratuity Disclosure Form, and any supporting documentation or materials referenced herein or submitted herewith, is true and correct to the best of my knowledge, information and belief and I affirm that I have not given, directly or indirectly, any gratuity to any elected official, employee or appointee (including their spouse and immediate family members) that has not been disclosed and I affirm that I have not violated the provisions of the Shelby County Code of Ethics.


Signature

07-13-2016
Date

James Zachary, President

Print Name

A copy of your completed form will be placed on the Shelby County Internet website.