# Affidavit of Disclosure of Connections to Elected Officials and City of Jacksonville Executives

(Pursuant to Section 118.107(b)(2) of the Jacksonville Ordinance Code)

## **Purpose**

This affidavit is designed for use by nonprofit organizations to disclose any relationships with elected officials and City Executives. Such disclosure is essential for transparency and to avoid conflicts of interest.

#### **Affidavit of Disclosure**

I, AAYNE PETERSON, being duly sworn, do hereby state as follows:

#### 1. Personal Information

Name: WAYNE PETERSON
Position/Title within Nonprofit: PRESIDENT

Name of Nonprofit Organization: NOLTHEAST FLORIDA NABJ

Address of Nonprofit: 9928 MELPOSE CASER De JAX FL 3212

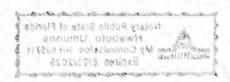
### 2. Disclosure of Connections

Please answer the following questions:

A. Does your organization employ any of the following persons: The Mayor or her/his spouse or children Any of the 19 City Council Members or their spouse or children Any of the Mayor's Executive Staff or their spouse or children\* Any of the City's Department or Office heads or their spouse or children\*

☐ Yes

If yes, list the name of the employee(s) and their position with your agency.



B. Are any members of your Board of Directors The Mayor or her/his spouse or children	in one of these categories?
Any of the 19 City Council Members or their	•
Any of the Mayor's Executive Staff or their s	
Any of the City's Department or Office heads	s or their spouse or children.
□ Yes ☑ No	
If yes, please list the name of the Board Member Jacksonville.	and the connection to the City of
Name of Board Member:	
Nature of relationship:	
3. Certification  I certify that the above information is true and complete that failure to accurately disclose relevant connect woidable by the City.  STATE OF FLORIDA  COUNTY OF Down	
The foregoing instrument was acknowledged before online notarization, this 5 day of 100 to NABI N	me, by means of [1] physical presence or []  y Wayne Peterson as
s [ ] personally known to me or [x] has produced id	entification and who took an oath.
Type of identification produced: Driver License	
Notary Public State of Florida Nwabufo Umunna My Commission HH 695711	Notary Public, State of Florida
Expires 8/23/2029	Print Name: Number Umung Commission No. HH 695711 My Commission Expires: \$\(\frac{23}{20}\)
	Maria Maria

<sup>\*</sup>A list of persons in this category will be supplied upon request.