CITY OF LANSING - BOARD OF ETHICS

REGULAR MEETING

March 20, 2024 5:30 P.M.

CONFERENCE ROOM

2500 SOUTH WASHINGTON

AGENDA

CALL TO ORDER

ROLL CALL

☐ Janielle Houston, Chairperson	☐ R Cole Bouck
☐ Jim DeLine, Vice Chairperson	☐ Keith Kris
☐ Jim Cavanagh	☐ John Folkers
☐ Rachelle Franklin	☐ Louise Alderson

A Quorum is: ☐ Present ☐ Not Present

☐ Others Present:

PUBLIC COMMENT (TIME LIMIT OF 5 MINUTES PER SPEAKER)

APPROVAL OF AGENDA ☐ As Submitted ☐ With Changes Noted

SECRETARY'S REPORT ☐ Approval of Minutes:

NEW BUSINESS

Statement of Financial Interests	Jennifer Czeiszperger	City Assessor
Affidavit of Disclosure	Timothy Martin-Losacco	Police Department
Affidavit of Disclosure	Christie Chiles	Police Department
Affidavit of Disclosure	Jeremy Rugenstein	Police Department

CITY ATTORNEY'S REPORT

Pursuant to MCL 15.268(h) of the Open Meetings Act, I hereby move that the Board recess into closed session to consult with the City Attorney to consider material exempt from discussion or disclosure by state statute. Specifically, to discuss written legal opinions from the City Attorney provided under attorney-client privilege and attorney work-product, and which is also exempt from disclosure under the Freedom of Information Act pursuant to MCL 15.243(1) (g).

For this session, the topic is
Complaint 2023-003 and 2023-004

CHAIR'S REPORT:

TABLED ITEMS:

UNFINISHED BUSINESS

Statement of Financial Interests	Frank Lee	HRCS Board

ADJOURNMENT

Persons with disabilities who need an accommodation to fully participate in this meeting should contact the City Clerk's Office at (517) 483-4131 (TTY 711). 24 hour notice may be needed for certain accommodations. An attempt will be made to grant all reasonable accommodation request.

DRAFT MINUTES
LANSING CITY BOARD OF ETHICS
REGULAR MEETING
February 12, 2024 5:30 PM

Meeting Room
Reo Elections Office
1221 Reo Rd Lansing

The meeting was called to order at 5:32 p.m.

MEMBERS PRESENT:

Janielle Houston, Chairperson
Jim DeLine, Vice-Chairperson
John Folkers
Jim Cavanagh
Rachelle Franklin

ABSENT:

Louise Alderson
R Cole Bouck
Keith Kris

A QUORUM WAS PRESENT

OTHERS PRESENT:

Brian P Jackson, City Clerk's Office
Chris Swope, City Clerk
Joe Abood, City Attorney's Office

PUBLIC COMMENT:

There was no public comment

APPROVAL OF AGENDA:

Moved by Jim DeLine to approve the agenda as submitted.

Motion Carried

SECRETARY'S REPORT:

Approval of Minutes

Moved by Jim Cavanaugh to approve the Minutes of January 9, 2024 as submitted.

Motion Carried

NEW BUSINESS:

1. Statement of Financial Interests, Frank Lee, HRCS

   Moved by Jim DeLine to place the Statement of Financial Interests on file, having found no violation of the Ethics Ordinance or other issues to further debate or discuss at this time.

   Motion Failed 0-5, all Board Members voting no

Clerk's Office will notify that Frank Lee's Statement of Financial Interests was reject, and to complete a new Statement of Financial Interests form.

2. Statement of Financial interests, Crystal Thomas, City Treasurer

   Moved by Jim Cavanagh to place the Statement of Financial Interests on file, having found no violation of the Ethics Ordinance or other issues to further debate or discuss at this time.

   Motion Carried

3. Revised Statement of Interests Form

   Moved by Jim Cavanagh to Change the Statement of Financial Interests Form Page 1 to "Position with the City" from "Job Title" Field and notify Frank Lee to complete the new form.

   Motion Failed 0-5, all Board Members voting no

   Moved by Jim Cavanagh to Change the Statement of Financial Form Page 1 to "Position with the City" from "Job Title" Field

   Motion Carried

MOTION CARRIED

CITY ATTORNEY'S REPORT:

Preliminary Written Analysis on Complaint 2023-003 and 2023-004

Moved by Janielle Houston, pursuant to MCL 15.268(h) of the Open Meetings Act, move that the Board recess into closed session to consult with the City Attorney to consider material exempt from discussion or disclosure by state statute. Specifically, to discuss written legal opinions from the City Attorney provided under attorney-client privilege and

attorney work-product, and which is also exempt from disclosure under the Freedom of Information Act pursuant to MCL 15.243(1) (g). For this session, the topic is the Preliminary Written Analysis on Complaint 2023-003 and 2023-004

Motion Carried to move into Closed Session by unanimous Roll Call Vote

CLOSED SESSION

Board Arise and returns back to OPEN SESSION

Moved by Janelle Houston to recuse herself from voting on Complaint 2023-004

Motion Carried

Moved by Jim Cavanagh to Table Complaint 2023-003 and 2023-004 so that the complaint shall remain confidential.

Motion Carried, with Board President Houston abstaining

CHAIR'S REPORT: None.

TABLED ITEMS: None.

UNFINISHED BUSINESS: None.

ADJOURNED 6:03 p.m.

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CITY OF LANSING STATEMENT

OF FINANCIAL INTERESTS

This statement must be completed by you and filed with the Lansing City Clerk no later than **May 1 of each year.**

Each and every part of this form must be completed. If you have no information to report, you must note that in that part of the form. If you feel a part is not applicable, you must state your reasoning. Forms with missing or incomplete information will be returned for completion.

The full text of the Financial Interests section 290.08 of the Ethics Ordinance and the Conflict-of-Interest section 5-505 of the City Charter are attached to this disclosure to assist in the full completion of this form. For additional guidance, please contact the Office of the City Attorney.

Reporting Individual to Complete – Basic Filing Information

MAR 4'24 9AMCLERK

Name of Reporting Individual Jennifer Czeiszperger

Job Title Assessor Name of Supervisor Andy Schor

Principal Address of Reporting Individual 39249 Willmarth, Harrison Twp, MI 48045

Contact Numbers: 586-917-5695

I, make the foregoing disclosure parts I-IX under oath and assert the statements are true and accurate to the best of my knowledge, information, and belief.

Jennifer Czeiszperger
Signature

2/29/24
Date

STATE OF MICHIGAN)
)ss.
COUNTY OF Ingham)

The foregoing instrument was acknowledged before me this 4th day of March, 2024 (year), by Jennifer Czeiszperger
(Name of Reporting Individual)

C Swap
(Notary Signature)

Chris Swap (Print Name) Notary Public, Ingham County,
Acting in Ingham County,
My Commission Expires: 9/5/2025

Approved to form by the Board of Ethics on July 12, 2022

Report Terms

For purpose of your disclosures in this form, the following words have the defined meaning:

1. "Benefit" includes the receipt, directly or indirectly, of any payment, gift, grant, pass through to another, forbearance, service, good, real property, personal property, or any other right, title or interest of value.
2. "Organization," includes for profit and nonprofit corporation, partnership, association, club, limited liability company, any group acting as a unit, or any other legal entity.
3. "Past" means the preceding calendar year (past 12 months) from the time this disclosure is filed.
4. "Present" means at the time this disclosure is filed.
5. "City" means City of Lansing
6. "Immediate Family" means a child of an individual, a spouse of an individual, or an individual claimed by that individual or individual's spouse as a dependent under the Internal Revenue Code, or the parents, parents-in-law, brothers, sisters, sisters-in-law, brothers-in-law, stepparents, stepbrothers or stepsisters of an individual.

Part I

List each and every organization (other than the City) in which you are an officer, director, associate, partner, proprietor or employee, or served in any advisory capacity and from which any income in excess of $2500 was derived during the preceding calendar year (past 12 months).

Organization's Name	Address	Type of Organization	Your Function/Title	Past 12 Months or Present
Greater Michigan Valuation Services	39249 Willmarth, Harrison Twp Mi 48045	Contract Assessment Services	President	$0

Do any of the organizations listed above receive any funding or have any contracts with the City of Lansing?

☐ YES ☑ NO

If yes, then please review Part X for additional details on documentation required for submission.

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Part II

List any capital asset located within the city of Lansing, including the address or legal description of real estate, from which you realized a capital gain of $5,000 or more in the past (12 months). Do not include any gain from the sale of your principal place of residence.

Asset	Description
None	

Part III

List each and every past (12 months) and present unit of government, other than the City, for which you are or have been employed.

Unit of Government	Past 12 Months or Present
City of Warren	Past 12 mo

Part IV

List each and every person, or organization from which you received in the past (12 months), or that has presently promised you, one or more gifts or honoraria having an aggregate value in excess of $500. This does not include gifts from relatives, nor a campaign contribution or expenditure required to be recorded or reported under the Michigan Campaign Finance Act.

Name	Address of Principle Residence	Nature of Gift	Value of Gift	Past 12 Months or Present
None				

Do any of the organizations listed above receive any funding or have any contracts with the City of Lansing?

☐ YES ☑ NO

If yes, please provide additional information on the nature of the Financial Interest.

Part V

List each and every name of and instrument of ownership in any organization conducting business within the city of Lansing in which you, or a member of your Immediate Family had or have a financial interest in the past (12 months) or present. Ownership interests in publicly held corporations need not be disclosed.

Name	Address	Instrument of Ownership	Past 12 Months or Present
None			

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Part VI

Identify each and every parcel of real property, past (12 months) or present, and describe your right, title or interest, or your financial interest in the parcel if the city of Lansing may also possess a real property interest or maintain public utility improvements in the parcel. Include all forms of your direct ownership or indirect ownership such as partnerships or trusts of which the corpus consists primarily of real estate. Do not include your principal place of residence. Include real property both within and outside the city of Lansing.

Address or Description of Real Estate	Nature of Right or Interest	Past 12 Months or Present
None		

Part VII

List each and every person or organization that has applied to the City for a license, franchise, or permit, or requested annexation, zoning or rezoning of real property, past (12 months) or present, if you, or a member of your Immediate Family has a financial interest in such a person or organization. Include the nature of the City action requested.

Name of Contracting Person or Organization	Names of Applicable Immediate Family Member(s)	Nature of Interest	Past 12 Months or Present
None			

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Part VIII

List each and every person or organization doing independent contracting business with the City in which you, or a member of your immediate family, had (within the past 12 months) or currently have a financial interest or personal interest. Include the title and description of any position held by you, or the member of your Immediate Family, in the organization.

Name of Person or Organization	Nature of Financial Interest	Title or Description of Position Held by Reporting Individual or Immediate Family	Past 12 Months or Present
None			

If yes, please provide additional information on the nature of the Financial Interest.

Part IX

If you, your Immediate Family, or any organization you are required to disclose under Part I, had or have in the past (12 months) or present, a contract, agreement, arrangement or participate in a program with the City that directly or indirectly benefits you, your Immediate Family, or the organization you must provide:

- A written statement containing a detailed description and explanation of the contract, agreement, arrangement or program and the nature of involvement and participation therein by you, your Immediate Family or the organization and describe all the beneficiaries thereof.
- Provide separate written statements for each contract agreement, arrangement and program and include a full and complete statement of the program, performance, beneficiaries, compensation, duties and obligations therein.

Please note that this disclosure is intended to include contracts, agreements, and arrangements that are formal or informal, written or oral, and direct or indirect.

CITY OF LANSING
AFFIDAVIT OF DISCLOSURE

TO: CITY CLERK DATE: 02-16-24

I, Timothy Martin-Losacco make the following disclosure under oath:
Name (please print)

PLEASE CHECK THE BOX AND FILL IN THE APPROPRIATE BLANKS FOR EACH OF THE FOLLOWING ITEMS

Yes No

1. [X] [ ] I am an elected or appointed X officer or employee of the City of Lansing holding the position of Police Officer in the Lansing Police Department.

[ ] [X] I am an immediate family member related to an elected or appointed officer or employee of the City of Lansing named ____, holding the position of ____ in the ____ Department

[ ] [X] I am a Business Associate of an elected or appointed officer or employee of the City of Lansing named ____ holding the position of ____ in the ____ Department.

2. [ ] [X] I may derive income or benefit directly or indirectly from the bidding of, negotiation of, solicitation of or entry into a contract with the City or from any City action detailed below. (Charter 5-505.1)

[ ] [X] I may have a conflict between a personal interest and the public interest, the nature of which is disclosed below. (Charter 5-505.2) [Chapter 290.04(I) of the Code of Ordinances]

[ ] [X] I may have a financial interest in a matter proposed to be acted upon by the City of Lansing as described below. [Chapter 290.04(I) of the Code of Ordinances]

[ ] [X] I make this disclosure because of a possible appearance that I may be in violation of or in conflict with the City of Lansing Ethics Ordinance as provided for in the Code of Ordinances and in the City Charter.

3. My City of Lansing position is:
[X] Full-time [ ] Part-time (less than 25 hours/wk) [ ] Unpaid

4. Name of the activity/business in question: Duck Duck Drone LLC

5. Do you have ownership or interest in the activity/business? Yes X No ____

Updated Feb 2022

6. Does this activity/business conduct business with the City of Lansing? Yes____ No X
If yes, please explain____

7. Does the activity/business depend on you being an employee of the City of Lansing?
Yes____ No X
If yes, please explain: -

8. Who are the clients/customers of the activity/business?
REALTORS

9. Does this activity/business require your using equipment/facilities of the City of Lansing?
Yes____ No X
If yes, please explain: -

10. Does the activity/business use any advertisements or circulars that reference your employment with the City of Lansing? Yes____ No X
If yes, please attach copies.

11. Explain what you will be doing in the activity/business:
DRONE VIDEO / PHOTOGRAPHS OF RESIDENCES FOR COMPENSATION

12. Explain why you believe a conflict may/may not exist with this activity/business:

THIS BUSINESS HAS NO AFFILIATION WITH LPD AND WILL NOT REFLECT LPD IN A NEGATIVE MANNER

13. Is there any additional information that you believe would assist the Board of Ethics in its review of your business or personal activities for potential conflicts of interest? Yes____ No X
If so, please describe:
-

In providing this additional information, the Board of Ethics asks that you give special attention to the Conflicts of Interest section of the Charter found at 5-505.1 – 5-505.3. A copy is enclosed for your convenience.

I hereby certify that this disclosure is complete and accurate to the best of my knowledge, information and belief. The foregoing Affidavit of Disclosure was executed on this 16 day of FEBRUARY, 2024.

Signature of Filer

STATE OF MICHIGAN)
)ss.
COUNTY OF Lenawee)

The foregoing instrument was acknowledged before me this 16 day of February, 2024 (year), by _____ (Notary Signature)

Bonnie Lynn Szuma (Print Name)

Notary Public, Lenawee County,
Acting in Washtenaw County,
My Commission Expires: 07/07/2027

BONNIE LYNN SZUMA
Notary Public, State of Michigan
County of Lenawee
My Commission Expires Jul. 07, 2027
Acting in the County of _____

Updated Feb 2022

ATTACHMENT TO AFFIDAVIT OF DISCLOSURE

Please provide additional information about your outside business or employment. Of special interest to the Board is how the activities of the business or employment may directly or indirectly affect the City. This disclosure is about information and is not an indication of any anticipated conflict of interest or suspected wrongdoing. Therefore, please describe for the Board what it is you actually do and be detailed and specific. You are not required to limit your disclosure only to the following questions. For each business, include in your answer such things as:

- What is the form of your business entity and what percentage do you own? ____; LLC / PARTNERSHIP 50 %
- Are you self-employed? YES
- Who is your employer, if applicable? N/A
- What are the things you actually do in the business? PROVIDE PHOTOGRAPHS AND VIDEOS OF RESIDENCES WITH THE USE OF A DRONE.
- Who are your clients and who receives your goods or services? TBD. REALTORS WOULD BE MAIN CLIENTS.
- How and where are your services performed? MAINLY TRI-COUNTY AREA THEN EDITING WOULD BE DONE AT HOME.
- How often do you do outside work?

10-12 HOURS A WEEK (APPROXIMATE) W/APPROVAL

Does your business or employer contract with the City? NO

- In performing your business or outside employment, do you use any City facilities or equipment?

No If so, describe: N/A

- Is any of your business or employment conducted in the City? YES If so, describe:

IF REALTORS HAD PROPERTIES IN THE CITY I would PHOTOGRAPH/VIDEO PROPERTY THEN EDIT AT HOME.

- Does your business advertisement or circulars, if any, contain any reference to the City or your City employment? NO

- Is there any additional information that you believe would assist the Board of Ethics in its review of your business or personal activities for potential conflicts of interest? If so, please describe: NONE

In providing this additional information, the Board of Ethics asks that you give special attention to the Conflicts of Interest section of the Charter found at 5-505.1 – 5-505.3. A copy is enclosed for your convenience.

Lansing Police Department

Supplemental Off-Duty Employment Request Form

☐ Renewal
☐ Reg. Off-Duty Employment
Date: _____

Employee Requesting Approval: Timothy Martin **Badge No:** #059
Current Duty Assignment: Road Patrol
Hours: 0600 - 1600 Platoon #1 **Division:** Road Patrol

SUPPLEMENTAL EMPLOYMENT INFORMATION

Name of Employer: Duck, Duck, Drone LLC
Type of Business: Drone Services
Business Address: 4300 Winsted Lane, Stockbridge, MI 49285
Owner or Manager's Name: Timothy Martin (Self) Telephone No: 517-512-0833
Location of Employment: (Home) Callouts to specific address for services
Description of Work Duties: Provide photography / videography services for real estate
Work Schedule: NO set schedule
Number of Hours Per Week: 10-12 Hours Duration of Employment: Indefinite

Does this employment require any security or law enforcement responsibility including the enforcement of any state or local law or the exercise of any police power on behalf of the employer? ☐ Yes ☑ No

I understand that in cases of supplemental employment, the only liability insurance coverage or workers compensation coverage available would be that which may be supplied by the supplemental employer. Insurance procured by the City of Lansing and other benefits are not applicable.

I understand that in cases of private security supplemental employment, the only liability insurance coverage or workers compensation coverage available would be that which is supplied by the supplemental employer. While an indemnification agreement and certificate of insurance is a prerequisite, these forms do not constitute a guarantee by the City or the Police Department that insurance exists, is adequate, or has not been canceled without notice to the Police Department or employee. Insurance procured by the City of Lansing and other benefits are not applicable.

Timothy Martin
Employee Signature

Before any supplemental employment begins, this form must be filled out, signed, and approved by the Chief of Police or the Chief's Designee. Approval may be revoked at any time by the Chief of Police.

Captains Recommendation Date: 2-21-24 Initials: _____ ☒ **Approved** ☐ **Disapproved**

Captain's Comments: No conflicts.

_____ Date 02/21/2024 ● **Approved** ☐ **Disapproved**
Ellery Sosebee, Chief of Police

Copy of form sent to employee on 2/22/24.

CITY OF LANSING
AFFIDAVIT OF DISCLOSURE

TO: CITY CLERK DATE: 2/17/24

I, Christie Chiles make the following disclosure under oath:
Name (please print)

PLEASE CHECK THE BOX AND FILL IN THE APPROPRIATE BLANKS FOR EACH OF THE FOLLOWING ITEMS

Yes No

1. ☒ ☐ I am an ☐ elected or ☐ appointed ☐ officer or ☒ employee of the City of Lansing holding the position of police officer in the Police Department.

☐ ☒ I am an immediate family member related to an elected or appointed officer or employee of the City of Lansing named _____. holding the position of _____ in the _____ Department

☐ ☒ I am a Business Associate of an elected or appointed officer or employee of the City of Lansing named _____ holding the position of _____ in the _____ Department.

2. ☐ ☒ I may derive income or benefit directly or indirectly from the bidding of, negotiation of, solicitation of or entry into a contract with the City or from any City action detailed below. (Charter 5-505.1)

☐ ☒ I may have a conflict between a personal interest and the public interest, the nature of which is disclosed below. (Charter 5-505.2) [Chapter 290.04(l) of the Code of Ordinances]

☐ ☒ I may have a financial interest in a matter proposed to be acted upon by the City of Lansing as described below. [Chapter 290.04(l) of the Code of Ordinances]

☐ ☒ I make this disclosure because of a possible appearance that I may be in violation of or in conflict with the City of Lansing Ethics Ordinance as provided for in the Code of Ordinances and in the City Charter.

3. My City of Lansing position is:
☒ Full-time ☐ Part-time (less than 25 hours/wk) ☐ Unpaid

4. Name of the activity/business in question: personal training

5. Do you have ownership or interest in the activity/business? Yes _____ No X

Updated Feb 2022

6. Does this activity/business conduct business with the City of Lansing? Yes____ No X
If yes, please explain_____

7. Does the activity/business depend on you being an employee of the City of Lansing?
Yes_____ No X
If yes, please explain:_____

8. Who are the clients/customers of the activity/business?
personal training clients

9. Does this activity/business require your using equipment/facilities of the City of Lansing?
Yes_____ No X
If yes, please explain:_____

10. Does the activity/business use any advertisements or circulars that reference your employment with the City of Lansing? Yes_____ No X
If yes, please attach copies.

11. Explain what you will be doing in the activity/business:
personal fitness training

12. Explain why you believe a conflict may/may not exist with this activity/business:
would not conflict with my Lansing police department employment because it will occur outside my scheduled work hours. LPD obligations will always take priority.

13. Is there any additional information that you believe would assist the Board of Ethics in its review of your business or personal activities for potential conflicts of interest? Yes____ No X
If so, please describe:

In providing this additional information, the Board of Ethics asks that you give special attention to the Conflicts of Interest section of the Charter found at 5-505.1 – 5-505.3. A copy is enclosed for your convenience.

I hereby certify that this disclosure is complete and accurate to the best of my knowledge, information and belief. The foregoing Affidavit of Disclosure was executed on this 20 day of February, 2024

Christal Nida

Signature of Filer

STATE OF MICHIGAN)
)ss.
COUNTY OF Ingham)

The foregoing instrument was acknowledged before me this 20th day of February, 2024 (year), by Brooke Shepard (Notary Signature)

Brooke Shepard (Print Name)

Notary Public, Ingham County,
Acting in Ingham County,
My Commission Expires: 05/17/2024

BROOKE SHEPARD
NOTARY PUBLIC - MICHIGAN
INGHAM COUNTY
MY COMMISSION EXPIRES 05/17/2024
ACTING IN INGHAM COUNTY

Updated Feb 2022

ATTACHMENT TO AFFIDAVIT OF DISCLOSURE

Please provide additional information about your outside business or employment. Of special interest to the Board is how the activities of the business or employment may directly or indirectly affect the City. This disclosure is about information and is not an indication of any anticipated conflict of interest or suspected wrongdoing. Therefore, please describe for the Board what it is you actually do and be detailed and specific. You are not required to limit your disclosure only to the following questions. For <u>each</u> business, include in your answer such things as:

- What is the form of your business entity and what percentage do you own? 0 ; _____ %
- Are you self-employed? no
- Who is your employer, if applicable? Crunch Fitness
- What are the things you actually do in the business? personal fitness training
- Who are your clients and who receives your goods or services? clients who are interested in personal training
- How and where are your services performed? Crunch Fitness East Lansing
- How often do you do outside work?

zero hours currently, looking to work ~ 20 hours

Does your business or employer contract with the City? NO

- In performing your business or outside employment, do you use any City facilities or equipment?

  NO If so, describe:

- Is any of your business or employment conducted in the City? NO If so, describe:

- Does your business advertisement or circulars, if any, contain any reference to the City or your City employment? NO

- Is there any additional information that you believe would assist the Board of Ethics in its review of your business or personal activities for potential conflicts of interest? If so, please describe: NO

In providing this additional information, the Board of Ethics asks that you give special attention to the Conflicts of Interest section of the Charter found at 5-505.1 – 5-505.3. A copy is enclosed for your convenience.

Lansing Police Department

Supplemental Off-Duty Employment Request Form

☐ Renewal
☒ Reg. Off-Duty Employment
Date: 2/17/24

Employee Requesting Approval: Christie Chiles **Badge No:** 210
Current Duty Assignment: Patrol Division
Hours: 1500-0100 **Division:**

SUPPLEMENTAL EMPLOYMENT INFORMATION

Name of Employer: Crunch Fitness
Type of Business: Commercial Gym
Business Address: 2055 E Grand River Ave, East Lansing, MI
Owner or Manager's Name: Noah Telephone No: 517-741-0200
Location of Employment: East Lansing, MI
Description of Work Duties: Personal Trainer
Work Schedule: Flexible
Number of Hours Per Week: ~20 Duration of Employment: ongoing

Does this employment require any security or law enforcement responsibility including the enforcement of any state or local law or the exercise of any police power on behalf of the employer? ☐ Yes ☒ No

I understand that in cases of supplemental employment, the only liability insurance coverage or workers compensation coverage available would be that which may be supplied by the supplemental employer. Insurance procured by the City of Lansing and other benefits are not applicable.

I understand that in cases of private security supplemental employment, the only liability insurance coverage or workers compensation coverage available would be that which is supplied by the supplemental employer. While an indemnification agreement and certificate of insurance is a prerequisite, these forms do not constitute a guarantee by the City or the Police Department that insurance exists, is adequate, or has not been canceled without notice to the Police Department or employee. Insurance procured by the City of Lansing and other benefits are not applicable.

Christie Chiles
Employee Signature

Before any supplemental employment begins, this form must be filled out, signed, and approved by the Chief of Police or the Chief's Designee. Approval may be revoked at any time by the Chief of Police.

Captains Recommendation Date: 2/22/24 Initials: EC 308 ☒ **Approved** ☐ **Disapproved**

Captain's Comments:

Date 02/22/2024 ● **Approved** ☐ **Disapproved**
Ellery Sosebee, Chief of Police

Copy of form sent to employee on 2/22/24.

CITY OF LANSING
AFFIDAVIT OF DISCLOSURE

MAR 8'24 1PMCLERK

TO: CITY CLERK DATE: 2/29/24

I, Jeremy Rogerstein make the following disclosure under oath:
Name (please print)

PLEASE CHECK THE BOX AND FILL IN THE APPROPRIATE BLANKS FOR EACH OF THE FOLLOWING ITEMS

	Yes	No	
1.	☑	☐	I am an ☐ elected or ☐ appointed ☐ officer or ☑ employee of the City of Lansing holding the position of Police Recruit in the Police Department.
	☐	☑	I am an immediate family member related to an elected or appointed officer or employee of the City of Lansing named _____, holding the position of _____ in the _____ Department
	☐	☑	I am a Business Associate of an elected or appointed officer or employee of the City of Lansing named _____ holding the position of _____ in the _____ Department.
2.	☐	☑	I may derive income or benefit directly or indirectly from the bidding of, negotiation of, solicitation of or entry into a contract with the City or from any City action detailed below. (Charter 5-505.1)
	☐	☑	I may have a conflict between a personal interest and the public interest, the nature of which is disclosed below. (Charter 5-505.2) [Chapter 290.04(I) of the Code of Ordinances]
	☐	☑	I may have a financial interest in a matter proposed to be acted upon by the City of Lansing as described below. [Chapter 290.04(I) of the Code of Ordinances]
	☐	☑	I make this disclosure because of a possible appearance that I may be in violation of or in conflict with the City of Lansing Ethics Ordinance as provided for in the Code of Ordinances and in the City Charter.

3. My City of Lansing position is:
☑ Full-time ☐ Part-time (less than 25 hours/wk) ☐ Unpaid

4. Name of the activity/business in question: Indoor Trails, Inc.

5. Do you have ownership or interest in the activity/business? Yes_____ No ☑

Updated Feb 2022

6. Does this activity/business conduct business with the City of Lansing? Yes____ No X
If yes, please explain_____

7. Does the activity/business depend on you being an employee of the City of Lansing?
Yes_____ No ✓
If yes, please explain:_____

8. Who are the clients/customers of the activity/business?
State of Michigan, Michigan Flyer, Hannah Locks, Lodges of East Lansing

9. Does this activity/business require your using equipment/facilities of the City of Lansing?
Yes____ No ✓
If yes, please explain: Center Station in Downtown Lansing for public routes

10. Does the activity/business use any advertisements or circulars that reference your employment with the City of Lansing? Yes_____ No ✓
If yes, please attach copies.

11. Explain what you will be doing in the activity/business:
Driving commercial passenger buses, operating assistant shuttles, Michigan Flyer airport transit service, transporting passengers on state funded transportation routes.

12. Explain why you believe a conflict may/may not exist with this activity/business:
There is no direct contract/interaction with the City of Lansing aside from the use of the Center bus Station for the purposes of passenger pick up and drop off.

13. Is there any additional information that you believe would assist the Board of Ethics in its review of your business or personal activities for potential conflicts of interest? Yes ✓ No_____
If so, please describe:
This additional/secondary employment does not interfere with executing the duties of my current position. Indoor treats does not have any direct business dealings with the City of Lansing

In providing this additional information, the Board of Ethics asks that you give special attention to the Conflicts of Interest section of the Charter found at 5-505.1 – 5-505.3. A copy is enclosed for your convenience.

I hereby certify that this disclosure is complete and accurate to the best of my knowledge, information and belief. The foregoing Affidavit of Disclosure was executed on this 29th day of February, 2024.

Signature of Filer

STATE OF MICHIGAN)
)ss.
COUNTY OF _____)

Morgan Cherry
NOTARY PUBLIC
COUNTY OF INGHAM
My Commission Expires
June 1, 2030
Acting in the County of
STATE OF MICHIGAN

The foregoing instrument was acknowledged before me this 29 day of FEBRUARY 2024 (year), by _____ (Notary Signature)

MORGAN CHERRY (Print Name)

Notary Public, INGHAM County,
Acting in INGHAM County,
My Commission Expires: 6/1/2030

Updated Feb 2022

ATTACHMENT TO AFFIDAVIT OF DISCLOSURE

Please provide additional information about your outside business or employment. Of special interest to the Board is how the activities of the business or employment may directly or indirectly affect the City. This disclosure is about information and is not an indication of any anticipated conflict of interest or suspected wrongdoing. Therefore, please describe for the Board what it is you actually do and be detailed and specific. You are not required to limit your disclosure only to the following questions. For <u>each</u> business, include in your answer such things as:

- What is the form of your business entity and what percentage do you own? ____; N/A. %
- Are you self-employed? No
- Who is your employer, if applicable? Indian Trails, Inc.
- What are the things you actually do in the business? Drive 56 passenger buses for Michigan Flyer airport service and 3 passenger vehicles for 2 apartment complexes in east lansing
- Who are your clients and who receives your goods or services? Michigan Flyer, Lodges of East Lansing, Hannah lofts, State of Michigan.
- How and where are your services performed? Alternate weekends / weekend evenings during the month of March 2024
- How often do you do outside work? Alternate weekends in March 2024.

Does your business or employer contract with the City? No

- In performing your business or outside employment, do you use any City facilities or equipment?

No _ If so, describe: Cater Stations at Grand/Kalamazoo

- Is any of your business or employment conducted in the City? Yes If so, describe:

State funded ticketed routes make stops at the CATA Stations

- Does your business advertisement or circulars, if any, contain any reference to the City or your City employment? No

- Is there any additional information that you believe would assist the Board of Ethics in its review of your business or personal activities for potential conflicts of interest? If so, please describe: No

In providing this additional information, the Board of Ethics asks that you give special attention to the Conflicts of Interest section of the Charter found at 5-505.1 – 5-505.3. A copy is enclosed for your convenience.

Lansing Police Department

Supplemental Off-Duty Employment Request Form

☐ Renewal
☑ Reg. Off-Duty Employment
Date: 2/29/24

Employee Requesting Approval: Jeremy Regenstreif **Badge No:** 13
Current Duty Assignment: Light Duty / PSO - Recruit States currently
Hours: 40 **Division:** Property + Supply Unit / Staff Services

SUPPLEMENTAL EMPLOYMENT INFORMATION

Name of Employer: Indian Trails, Inc.
Type of Business: Commercial Bus / Transportation company
Business Address: 109 E. Constantine
Owner or Manager's Name: Chad Cushman Telephone No: 989-725-5105
Location of Employment: Owosso, Mi
Description of Work Duties: Driving Commercial Buses
Work Schedule: ~~15-20 hours/week~~ Fri afternoon Variable - Friday evenings, Sat Sun days
Number of Hours Per Week: 15-20 Duration of Employment: 1 month

Does this employment require any security or law enforcement responsibility including the enforcement of any state or local law or the exercise of any police power on behalf of the employer? ☐ Yes ☑ No

I understand that in cases of supplemental employment, the only liability insurance coverage or workers compensation coverage available would be that which may be supplied by the supplemental employer. Insurance procured by the City of Lansing and other benefits are not applicable.

I understand that in cases of private security supplemental employment, the only liability insurance coverage or workers compensation coverage available would be that which is supplied by the supplemental employer. While an indemnification agreement and certificate of insurance is a prerequisite, these forms do not constitute a guarantee by the City or the Police Department that insurance exists, is adequate, or has not been canceled without notice to the Police Department or employee. Insurance procured by the City of Lansing and other benefits are not applicable.

Employee Signature

Before any supplemental employment begins, this form must be filled out, signed, and approved by the Chief of Police or the Chief's Designee. Approval may be revoked at any time by the Chief of Police.

Captains Recommendation Date: 2/29/24 Initials: MRK 343 ☑ **Approved** ☐ **Disapproved**
Captain's Comments: NO Conflict - Weekend driving - "Michigan Flyer" to Detroit Airport and back

Date 3/4/2024 ☑ **Approved** ☐ **Disapproved**
Ellery Sosebee, Chief of Police

Copy of form sent to employee on 3/7/24.

CITY OF LANSING STATEMENT

OF FINANCIAL INTERESTS

This statement must be completed by you and filed with the Lansing City Clerk no later than **May 1 of each year.**

Each and every part of this form must be completed. If you have no information to report, you must note that in that part of the form. If you feel a part is not applicable, you must state your reasoning. Forms with missing or incomplete information will be returned for completion.

The full text of the Financial Interests section 290.08 of the Ethics Ordinance and the Conflict-of-Interest section 5-505 of the City Charter are attached to this disclosure to assist in the full completion of this form. For additional guidance, please contact the Office of the City Attorney.

Reporting Individual to Complete – Basic Filing Information

Name of Reporting Individual FRANK LEE

Job Title CO FOUNDER/OWNER Name of Supervisor SELF.

Principal Address of Reporting Individual 5814 BARREN DR. LANSING MI 48911

Contact Numbers: 215-629-6510

I, make the foregoing disclosure parts I-IX under oath and assert the statements are true and accurate to the best of my knowledge, information, and belief.

Signature

1-10/2024
Date

STATE OF MICHIGAN)
)ss.
COUNTY OF INGHAM)

RENEE FREEMAN
Notary Public - State of Michigan
County of Ingham
My Commission Expires Jul 11, 2028
Acting in the County of INGHAM

The foregoing instrument was acknowledged before me this 12TH day of JANUARY, 2024 (year), by FRANK LEE
(Name of Reporting Individual)

(Notary Signature)

RENEE FREEMAN (Print Name) Notary Public, INGHAM County, Acting in INGHAM County,

My Commission Expires: 7-11-28

Report Terms

For purpose of your disclosures in this form, the following words have the defined meaning:

1. "Benefit" includes the receipt, directly or indirectly, of any payment, gift, grant, pass through to another, forbearance, service, good, real property, personal property, or any other right, title or interest of value.
2. "Organization," includes for profit and nonprofit corporation, partnership, association, club, limited liability company, any group acting as a unit, or any other legal entity.
3. "Past" means the preceding calendar year (past 12 months) from the time this disclosure is filed.
4. "Present" means at the time this disclosure is filed.
5. "City" means City of Lansing
6. "Immediate Family" means a child of an individual, a spouse of an individual, or an individual claimed by that individual or individual's spouse as a dependent under the Internal Revenue Code, or the parents, parents-in-law, brothers, sisters, sisters-in-law, brothers-in-law, stepparents, stepbrothers or stepsisters of an individual.

Part I

List each and every organization (other than the City) in which you are an officer, director, associate, partner, proprietor or employee, or served in any advisory capacity and from which any income in excess of $2500 was derived during the preceding calendar year (past 12 months).

Organization's Name	Address	Type of Organization	Your Function/Title	Past 12 Months or Present
NONE	—	—	—	—
NONE	—	—	—	—
NONE	—	—	—	—

Do any of the organizations listed above receive any funding or have any contracts with the City of Lansing?

☐ YES ☒ NO

If yes, then please review Part X for additional details on documentation required for submission.

Part II

List any capital asset located within the city of Lansing, including the address or legal description of real estate, from which you realized a capital gain of $5,000 or more in the past (12 months). Do not include any gain from the sale of your principal place of residence.

Asset	Description
NONE	—
NONE	—
NONE	—
NONE	—
NONE	—

Part III

List each and every past (12 months) and present unit of government, other than the City, for which you are or have been employed.

Unit of Government	Past 12 Months or Present
NONE	—
NONE	—

Part IV

List each and every person, or organization from which you received in the past (12 months), or that has presently promised you, one or more gifts or honoraria having an aggregate value in excess of $500. This does not include gifts from relatives, nor a campaign contribution or expenditure required to be recorded or reported under the Michigan Campaign Finance Act.

Name	Address of Principle Residence	Nature of Gift	Value of Gift	Past 12 Months or Present
NONE	—	—	—	—
NONE	—	—	—	—
NONE	—	—	—	—
NONE	—	—	—	—

Do any of the organizations listed above receive any funding or have any contracts with the City of Lansing?

☐ YES ☒ NO

If yes, please provide additional information on the nature of the Financial Interest.

Part V

List each and every name of and instrument of ownership in any organization conducting business within the city of Lansing in which you, or a member of your Immediate Family had or have a financial interest in the past (12 months) or present. Ownership interests in publicly held corporations need not be disclosed.

Name	Address	Instrument of Ownership	Past 12 Months or Present
NONE	—	—	—
NONE	—	—	—
NONE	—	—	—

Part VI

Identify each and every parcel of real property, past (12 months) or present, and describe your right, title or interest, or your financial interest in the parcel if the city of Lansing may also possess a real property interest or maintain public utility improvements in the parcel. Include all forms of your direct ownership or indirect ownership such as partnerships or trusts of which the corpus consists primarily of real estate. Do not include your principal place of residence. Include real property both within and outside the city of Lansing.

Address or Description of Real Estate	Nature of Right or Interest	Past 12 Months or Present
NONE	—	—
NONE	—	—
NONE	—	—
NONE	—	—

Part VII

List each and every person or organization that has applied to the City for a license, franchise, or permit, or requested annexation, zoning or rezoning of real property, past (12 months) or present, if you, or a member of your Immediate Family has a financial interest in such a person or organization. Include the nature of the City action requested.

Name of Contracting Person or Organization	Names of Applicable Immediate Family Member(s)	Nature of Interest	Past 12 Months or Present
NONE	—	—	—
NONE	—	—	—
NONE	—	—	—
NONE	—	—	—

Part VIII

List each and every person or organization doing independent contracting business with the City in which you, or a member of your immediate family, had (within the past 12 months) or currently have a financial interest or personal interest. Include the title and description of any position held by you, or the member of your Immediate Family, in the organization.

Name of Person or Organization	Nature of Financial Interest	Title or Description of Position Held by Reporting Individual or Immediate Family	Past 12 Months or Present
NONE	—	—	—
NONE	—	—	—
NONE	—	—	—
NONE	—	—	—

If yes, please provide additional information on the nature of the Financial Interest.

Part IX

If you, your Immediate Family, or any organization you are required to disclose under Part I, had or have in the past (12 months) or present, a contract, agreement, arrangement or participate in a program with the City that directly or indirectly benefits you, your Immediate Family, or the organization you must provide:

- A written statement containing a detailed description and explanation of the contract, agreement, arrangement or program and the nature of involvement and participation therein by you, your Immediate Family or the organization and describe all the beneficiaries thereof.
- Provide separate written statements for each contract agreement, arrangement and program and include a full and complete statement of the program, performance, beneficiaries, compensation, duties and obligations therein.

Please note that this disclosure is intended to include contracts, agreements, and arrangements that are formal or informal, written or oral, and direct or indirect.