



MDX ANNUAL DISCLOSURE FORM

Name of Individual Providing Disclosure: _____

Individual Relation to MDX: Board Member Employee Consultant/Contractor

If Consultant/Contractor, Name of Firm: _____

Period of Disclosure (mm/yy to mm/yy): _____

If Consultant/Contractor, complete the information below:

MDX Procurement/Contract No.: _____

MDX Project/Service Title: _____

DEFINITIONS:

The following terms as used herein have the meaning ascribed to them below.

Business Associate

Any person or entity engaged in or carrying on a business enterprise with the Board Member, employee or consultant as a partner, joint venture, corporate shareholder where the shares of such corporation are not listed on any national or regional stock exchange, or co-owner of property.

Relative

Any person who is a father, mother, son, daughter, brother, sister, uncle, aunt, first cousin, nephew, niece, husband, wife, father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law, stepfather, stepmother, stepson, stepdaughter, stepbrother, stepsister, half-brother, half-sister, grandparent, great grandparent, grandchild, great grandchild, step grandparent, step great grandparent, step grandchild, step great grandchild, person who is engaged to be married to the public officer or employee or who otherwise holds himself or herself out as or is generally known as the person whom the public officer or employee intends to marry or with whom the public officer or employee intends to form a household, or any other natural person having the same legal residence as the public officer or employee.

Immediate Family

Parent, spouse, child or sibling.



MIAMI-DADE EXPRESSWAY AUTHORITY

3790 NW 21 St. // Miami, FL 33142

www.mdxway.com

MDX ANNUAL DISCLOSURE FORM

In accordance with the MDX Code of Ethics, and any contractual obligation, if applicable, I hereby submit this MDX Disclosure Form to the MDX Ethics Officer for the period of time identified above. The information I provide herein is to the best of my knowledge as of the day this MDX Annual Disclosure Form is submitted.

1. Below is a list of relationship(s) that affords me, my Relatives, or Business Associate a current or future financial benefit, and which a reasonable person would conclude has the potential to create a prohibited conflict of interest.

NOT APPLICABLE

2. My Relative(s) is registered to lobby the Executive Branch of the State of Florida or the Florida Constitution Review Committee. Below listed are the names of my Relative(s)'s clients:

NOT APPLICABLE

3. Below is a list of real property located within a 1/2 mile radius of any actual or prospective MDX project in which I and/or my Immediate Family hold any and all type of interest. This information is based on the corridor map and related property ownership list and/or the alignment map and related list of associated owners provided by MDX as of _____.

NOT APPLICABLE



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The information provided herein is true and correct to the best of my knowledge and belief as of the date that this MDX Annual Disclosure Form is submitted to the MDX Ethics Officer.

Signature

Date

Print Name

Title

Received by the MDX Ethics Officer

Date

Name of MDX Ethics Officer

Signature of MDX Ethics Officer