

## **Conflict of Interests Disclosure Form**

Date:	
Name:	
any conflict of interest. The elected office	if established, are prohibited from voting on any
Please describe below any relationships, believe could create a conflict of interest.	transactions, or positions you hold that you
I have no conflict of interests to re	eport.
I have the following conflict of interests,	or potential conflicts of interests, to report:
1	
2	
3	
conflict, to the chair of the board when a	ion's conflict of interests of policy and I close a conflict of interests, or appearance of a conflict, or appearance of a conflict, arises, and nflict, I will abstain from any vote on the matter
Signature:	Date: