



Conflict of Interest Disclosure

Please certify below that you either have no actual or possible conflict of interest to report, or describe below any relationships, transactions, positions you hold (volunteer or otherwise), or circumstances that you believe could contribute to an actual or possible conflict of interest between the organization and your personal interests, financial or otherwise:

____ I have no conflict of interest to report.

____ I have the following actual or possible conflict(s) of interest to report.

1. Please specify below any actual transactions you are aware of between the organization and any entity or person with which you have a business, investment or family relationship. (Please attach a supplemental statement if you have additional actual or possible conflicts of interest to disclose.)

2. For the purposes of determining possible future conflicts of interest, please also specify other nonprofit and for-profit boards on which you and/or your spouse sit, any for-profit businesses for which you or an immediate family member are an officer or director, or a majority shareholder, and the name of your employer and any businesses you or a family member own. (Please attach a supplemental statement if you have additional actual or possible conflicts of interest to disclose.)
 - a. _____
 - b. _____
 - c. _____

I understand that the organization may not engage in transactions that provide impermissible benefits to individuals or entities.

I have read and understand the LWV SNM Conflict of Interest Policy and agree to be bound to it. I will promptly inform the LWVSNM President or the Board of any material change that develops in the information given in this statement.

I hereby certify that the information set forth above is true and complete to the best of my knowledge.

Signature _____ Name (printed) _____

Date _____