

# Conflict of Interest Disclosure Form

Employees of agencies shall recuse themselves from any situation in which the employee has a conflict of interest or where an employee's impartiality might reasonably be questioned due to the employee's personal or financial relationship with a participant in the proceeding. Such recusal shall apply to, among other circumstances, situations where an employee's relative is a lobbyist, vendor, or potential vendor for the State; or where the employee's relative has a current or potential business relationship with an agency or any other issue pending before the employee's respective agency. Employees with multiple relatives creating potential conflicts must fill out separate Disclosure Forms for each relative.

Pursuant to the Code of Ethics, the term "relative" includes the following: spouse, parent, grandparent, child, brother, sister, uncle, aunt, nephew, niece, first cousin, father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law, stepparent, stepchild, stepbrother, stepsister, half-brother, or half-sister.

I. Reason for Disclosure:

- My relative is a lobbyist (Fill out Section II.)
- My relative is a current or potential vendor for the State (Fill out Section III.)
- My relative has a current or potential business relationship with a State agency or any other issue pending before my agency. (Fill out Section IV.)

II. Employees whose relatives are lobbyists shall disclose:

Name of Relative: \_\_\_\_\_

Name of Relative's Employer: \_\_\_\_\_

Name of Relative's Client(s) (if applicable): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Issue(s) for Which the Relative or the Relative's Employer Has Been Retained:

\_\_\_\_\_  
\_\_\_\_\_

Description of All Relevant Underlying Facts:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please attach an affidavit that you have not disclosed any information learned through your employment to the relative that would financially benefit yourself, the relative, the relative's employer, or the relative's client (if any) prior to the disclosure of the relationship.

III. Employees with relatives who are current or potential vendors for the State shall disclose:

Name of Relative: \_\_\_\_\_

Name of Relative's Employer or Business Entity (if applicable):

\_\_\_\_\_

State Contract Relative Holds or is Seeking to Obtain and State Entity Issuing Said Contract:

\_\_\_\_\_

Description of All Relevant Underlying Facts:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

IV. Employees with relatives who have current or potential business relationships with State agencies, or any other issue pending before the employee's respective agency.

Name of Relative:

\_\_\_\_\_

Name of Relative's Employer or Business Entity (if applicable):

\_\_\_\_\_

Description of All Relevant Underlying Facts:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_