

CERTIFICATION OF COMPLIANCE TO THE POLICY ON CONFLICT OF INTEREST:

Name: _____ Title: _____

Please complete the following questions which apply to your activities throughout the period beginning _____, 1996 and continuing through the date of this certification as set forth below.

A. Do you or a family member have an employment, consulting, financial, or significant relationship with a supplier of goods or services to the District?

Yes _____ No _____ If yes, please list and explain in an attached statement.

B. Did a supplier of goods or services to the District confer or offer to confer any gift or benefit on you or on family members?

Yes _____ No _____ If yes, please list and explain in an attached statement.

C. Did a supplier of goods or services to the District provide or offer to provide any entertainment, trips, or vacations to you or family members?

Yes _____ No _____ If yes, please list and explain in an attached statement.

B. Please describe on an attached sheet, if necessary, any other relationships, commitments, or activities you or any family member have that might present or appear to present a conflict of interest or commitment with your position in the District. Such relationships might include financial or fiduciary interest or uncompensated activities. In submitting this completed form, you certify that the information provided is true to the best of your knowledge based on what is contained in the District's Conflict of Interest Policy. This information is submitted for confidential review by the Board and the Superintendent, and not for release unless authorized by me.

Signature _____ Date _____