## FAMILY-RUN EXECUTIVE DIRECTOR LEADERSHIP ASSOCIATION, INC.

## **Disclosure Statement Questionnaire**

Please complete the questionnaire below, indicating any actual or potential conflicts of interest. If you answer "yes" to any of the questions, please provide a written description of the details of the specific action or transaction in the space allowed.

**Financial Interests** – A conflict may exist where an interested party, relative or business associate of an interested party, directly or indirectly benefits or profits as a result of a decision made or transaction entered into by the organization.

## Please indicate, during the past 12 months:

Has the organization contracted to purchase or lease of your relatives or business associates?	goods, service	es, or property from you or from any
,	Yes	No
If yes, please describe in an attached document		
Has the organization purchased an ownership interest or owned by any of your relatives or business associated as the organization purchased an ownership interest or ownership i		d in a business entity owned by you
	Yes	No
If yes, please describe in an attached document		
Has the organization offered employment to you or to than a person who was already employed by the orga	nization?	
	Yes	No
If yes, please describe in an attached document		
Have you, or have any of your relatives or business as favor, of a substantial nature, from a person or entity the organization?		
	Yes	No
If yes, please describe in an attached document		
Have you or any of your relatives or business associate property, or services of the organization?	es been gratu	tously provided use of the facilities,
-	Yes	No
If yes, please describe in an attached document		
Have you or any other organization or individual with procuring funding or special consideration during the	•	<b>.</b>
	Yes	No
If yes, please describe in an attached document		

his/her relationship with the organization, or where his/her duty or responsibility owed to the organization conflicts with a duty or responsibility owed to some other organization. Yes \_\_\_\_\_ No \_\_\_\_ If yes, please describe in an attached document Please indicate if at any time during the past twelve months: Did you obtain preferential treatment by the organization for yourself or for any of your relatives or business associates or other organization? Yes \_\_\_\_\_ No \_\_\_\_ If yes, please describe in an attached document Did you make use of confidential information obtained from the organization for your own benefit or for the benefit of a relative, business associate or other organization? Yes \_\_\_\_\_ No \_\_\_\_ If yes, please describe in an attached document Did you take advantage of an opportunity or enable a relative, business associate or other organization to take advantage of an opportunity which you had reason to believe would be of interest to the organization? Yes \_\_\_\_\_ No \_\_\_\_ If yes, please describe in an attached document NAME \_\_\_\_\_ Please print SIGNATURE DATE \_\_\_\_\_ Please check: Board Member \_\_\_\_\_ Staff Member \_\_\_\_\_ Consultant

**Other Interests** – A conflict may also exist where an interested party or relative or business associate of an interested party obtains a non-financial benefit or advantage that he would not have obtained absent

