

DISCLOSURE OF CONFLICT OF INTEREST AS REQUIRED BY THE VT CODE OF ETHICSTO BE FILED **ONLY** IF A PUBLIC SERVANT CHOOSES TO ACT

PUBLIC SERVANT INFORMATION	
Name and title/position of public servant:	
Agency/Department:	
Office Phone:	
Office E-mail:	
<p>In my capacity as a public servant, I am expected to take certain action(s) in the performance of my official duties. Under present circumstances, a reasonable person could conclude that I am, or will be, confronted with a conflict of interest in the performance of these duties.</p> <p>A conflict of interest is defined as a direct or indirect interest in the outcome of a matter pending before me, or the public body in which I serve, that is greater than that of another person generally affected by the outcome of the matter. The interest can be my own, that of an immediate family or household member, or of a business associate.</p> <p>I am filing this disclosure form to disclose the facts surrounding this potential conflict of interest, and to explain why, despite the conflict, I choose to take official action.</p>	
CONFLICT OF INTEREST INFORMATION	
Briefly state the nature of the conflict (including identities of all potentially affected parties or properties, whether the conflict is ongoing or a one-time event, potential or perceived benefits, and any other relevant information).	
Explain your relationship to the person or organization at issue.	<ul style="list-style-type: none"><input type="checkbox"/> Self<input type="checkbox"/> Immediate family member<input type="checkbox"/> Business I am associated with<input type="checkbox"/> Business a family member is associated with<input type="checkbox"/> Business partner<input type="checkbox"/> Property I own or co-own<input type="checkbox"/> Property owned or co-owned by a family member<input type="checkbox"/> Other [Explain]:

<p>State the action(s) you intend to take, and how your action(s) may affect the person or organization at issue.</p>	
<p>Explain why, despite the relationship, you will act on the matter (Check at least one box)</p>	<p> <input type="checkbox"/> The conflict is de minimis in nature <input type="checkbox"/> My action on the matter is ministerial or clerical <input type="checkbox"/> My action will not benefit me [or the person or organization at issue] any more than others who are generally affected by the outcome of the matter <input type="checkbox"/> The conflict is amorphous, intangible, or speculative <input type="checkbox"/> I cannot legally or practically delegate the matter to another person <input type="checkbox"/> I have received advice from the Ethics Commission that permits my action(s) <input type="checkbox"/> Other [Explain]: </p>
<p align="center">Confirmation and Signature</p>	
<p>Confirmation</p>	<p><input type="checkbox"/> This disclosure fully discloses the nature of my conflict of interest. Taking into account the facts that I have disclosed above, I believe that I nonetheless can perform my official duties objectively and fairly, and in the best interest of the State.</p>
<p>Public servant signature:</p>	
<p>Date:</p>	

Attach additional pages if necessary.