

## Conflict of Interest Disclosure Form

Oregon Government Ethics law identifies and defines two types of conflicts of interest, actual and potential. An actual conflict of interest is defined in [ORS 244.020\(1\)](#) and a potential conflict of interest is defined in [ORS 244.020\(13\)](#).

### Potential Conflict of Interest

A public official—including participants in this review process—is met with a potential conflict of interest when the public official participates in actions that could affect the financial interests of the official, the official's relatives or a business with which the official or a relative of the official is associated. Individuals with a potential conflict of interest may participate in the review process after declaring the potential conflict. The disclosure must be stated publicly at the meeting and recorded in the committee's minutes. Independent Reviewers must attest by written declaration that no potential (or actual) conflict exists regarding the application for which they are reviewing.

### Actual Conflict of Interest

An actual conflict of interest exists when a public official participates in actions that would affect the financial interests of the official, the official's relative or a business with which the official or a relative of the official is associated. Those with an actual conflict of interest regarding matters before this review process may not participate.

Date:	<input type="text"/>
Name:	<input type="text"/>
Position:	<input type="text"/>

Please describe below any relationships, transactions, positions you hold (volunteer or otherwise), or circumstances that you believe could contribute to a conflict of interest:

I have no conflict of interest to report.

I have the following conflict of interest to report (please specify other nonprofit and for-profit boards you (and your relative) sit on, 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:

1. \_\_\_\_\_

2. \_\_\_\_\_

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

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

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