



State of Arizona Annual Declaration and Disclosure

Form A: Declaration for Related Party

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| Employee Name: | EIN: | Title: |
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| Agency: | Dept/Unit: |
|---------|------------|

Ownership: Ownership interest in any corporation, partnership, trust, joint venture, and every other business interest, including land used for income which you or other relative(s) own or have owned within the preceding 12 months. Ownership of intellectual property, e.g., patents, royalties, and copyrights is also included.

Are there any ownership interests you have or a member of your family has which meet this criteria and could an independent observer conclude that they appear to influence or potentially conflict with any of your work responsibilities with the State of Arizona?

NO YES (If YES, complete A & B on Form B1)

Compensation: Receipt of salary, anything of value, or economic benefit conferred within the past 12 months in return for services rendered or to be rendered from any one entity.

Have you or your family received or do you expect to receive compensation as defined above and could an independent observer conclude that said compensation influences or potentially conflicts with any of your work with the State of Arizona other than compensation received for title above?

NO YES (If YES, complete A & C on Form B2)

Office: A position or office of director, officer, associate, partner, or proprietor in any outside entity.

Do you or does a member of your family hold an office as defined above which an independent observer could conclude significantly affects or is affected by your work with the State of Arizona?

NO YES (If YES, complete A & D on Form B3)

Fees and Commissions: Receipt of fees or commissions from one or more outside entities.

Do you or does a member of your family receive fees/commissions as defined above which meet this criteria which an independent observer could conclude might present potential conflicts of interest with any of your work with the State of Arizona?

NO YES (If YES, complete A & E on Form B4)

If you have answered "YES" to any of these questions, indicating that to an independent observer a specific financial interest has the potential of affecting or influencing your work with the State of Arizona, you are required to file all applicable supplemental Disclosure Statement Forms (B1, B2, B3, B4) identifying the specific interests and conflicts. If all answers are "NO", you do not need to complete Forms B1, B2, B3 or B4.

DECLARATION:

I, _____ (PRINT NAME), declare that this declaration for related party has been examined by me and to the best of my knowledge and belief is a true, correct and complete statement. I have read and understand the State's Conflict of Interest policy (A.R.S. § 38-501, et seq. A.R.S. § 38-503 - A.R.S. § 38-511) and I have complied with this policy. I have complied with federal conflict of interest policies and regulations. Also, I understand that "The State of Arizona" policy states that failure to file this statement as required or intentionally filing a false statement may result in disciplinary action. Any changes to this statement will be reported within 15 days.

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| Employee Signature: | Date: |
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| Agency Head or Designee Signature: | EIN: | Date: |
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