



# State of Arizona

## Annual Declaration and Disclosure

**Form B4: Disclosure Statement of Significant Financial Interests**  
 (Only to be completed if required by answers provided on Form A)

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

**CONFLICT OF INTEREST:** In compliance with Federal, and State policies, disclosure of relevant significant financial interest is required of all members of management. The disclosure of interests includes those of the State employee, his or her spouse, child, grandchild, parent, grandparent, brother or sister of the whole or half blood and their spouses and the parent, brother, sister or child of a spouse.

"Significant Financial Interest" means anything of monetary value including, but not limited to, salary or other payments for services (e.g., consulting fees or honoraria), equity interests (e.g., stocks, stock options, or other ownership interests), and intellectual property rights (e.g., patents, copyrights, and royalties from such rights). The term does not include salary, royalties, or other remuneration from the State, including funds and holdings acquired through the States' retirement programs.

**A. IDENTIFICATION OF POSSIBLE CONFLICT**

Identify the relevant activities that may be affected by the financial or ownership interest that you, your spouse, child, grandchild, parent, grandparent, brother or sister of the whole or half blood and their spouses and the parent, brother, sister or child of a spouse may have. Complete the remainder of this form with this possible conflict in mind.

**E. RECEIPT OF FEES AND COMMISSIONS**

List each client or customer from which you, your spouse, or any relative receives compensation which could present a potential conflict of interest with any of your job responsibilities with the State. In the case of partnership, it is your proportionate share of the business or fee that is significant, without regard to expenses of the partnership. An individual who receives a salary as opposed to portions of fees or commissions is generally not required to report under this provision, but may be required to report under Section C in Form B2.

Check here if you have nothing to report in Section "E".

Name & Address of Client or Customer	Position Held	Held by Whom
		<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Other*
		<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Other*
		<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Other*
		<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Other*

		<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Other*
		<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Other*
		<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Other*
		<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Other*
		<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Other*
		<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Other*

\*Other refers to dependent children and other relatives.

**DECLARATION:**

I, \_\_\_\_\_ (PRINT NAME), declare that this statement of significant financial interest (including accompanying pages and statements) has been examined by me and to the best of my knowledge and belief is a true, correct and complete statement of all my significant interests and other matters required by law. I have read and agree to abide by federal and state Conflict of Interest policies. Also, I understand that the state 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 from when the information becomes known to me.

Employee Signature:	Date:
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**VERIFICATIONS:**

I have reviewed the (potential) conflicts of interest with the above named individual, and procedures have been implemented to manage the (potential) conflicts. As implemented, these management practices should ensure that none of the above referenced conflicts or potential conflicts will interfere with the performance of the individual's job responsibilities with the State.

There is no conflict

A potential conflict exists and a plan has been developed to manage it, which is attached

Agency Head or Designee:	EIN:	Date:
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