



**ASPS / PSF Nominating Committee
Supplemental Conflict of Interest Disclosure Statement**

Print Name: _____ ASPS ID: _____

With regard to my voluntary service as a voting member of the ASPS / PSF Nominating Committee, I have the following potential conflict of interest(s) to report:

- | Yes | No | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | I have a pre-existing, business, professional or social relationship with one or more candidates applying for positions that will be voted upon by the Nominating Committee. |
| <input type="checkbox"/> | <input type="checkbox"/> | I personally recruited one or more candidates applying for positions that will be voted on by the Nominating Committee. |
| <input type="checkbox"/> | <input type="checkbox"/> | Prior or subsequent to being nominated to serve as a voting member of the Nominating Committee, I was approached by a candidate or someone on behalf of a candidate advocating my support for such candidate. |
| <input type="checkbox"/> | <input type="checkbox"/> | It was stated or implied to me in any conversation or communication that my nomination to the Nominating Committee was being made on the assumption that I would support a designated candidate. |

Please elaborate on any potential conflict with any additional details you believe to be relevant to your ability to serve as a fair and impartial member of the Nominating Committee. In particular, if you checked Yes in any of the boxes above, please identify the candidate(s) or other person(s) below.

I hereby confirm that the disclosures made above are complete and correct to the best of my information and belief. I agree to comply with any request by the Chairs to refrain from participating in any discussion of the Nominating Committee or recuse myself from voting for any candidate with whom my pre-existing relationship or prior communications may raise a question about my impartiality. I agree that if I become aware of any information that might indicate that this disclosure is inaccurate or incomplete or that I have not complied with the ASPS / PSF Conflict of Interest Policy, I will notify the Nominating Committee Chairs immediately.

Signature: _____ Date _____