Board of Education Member Conflict of Interest Disclosure

Board of Eddoution Member Commet of Interest Disclosure
(If a nal space or entries are required for any required disclosure item, attach additional pages containing the required information and identifying the disclosure item the information relates to. If additional pages are attached, please check this space:)
Name:
Name of Board member's spouse (if any):
Mappy of page adult reciding in Beard members.
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Name of amplement
Name of employer:

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Affiliated entities	
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Name of entity:	
Board member's position in the entity:	
Description of the type of business or activity conducted by the entity:	
Name of entity:	
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Description of the type of business or activity conducted by the entity:

Description of spouse's employment with employer:	
Spouse's job title with employer:	
Spouse's occupation with employer:	
Affiliated Adult Employment	3
(Complete for each adult residing in Board member's household but not related by blood or marriage) Affiliated adult's name:	
Affiliated adult's occupation:	
Description of affiliated adult's employment:	
Affiliated adult's name:	
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Description of affiliated adult's employment:	• •
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Date Disclosure Completed:	January 16,202	5

Board Member Signature:

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