

BOARD CONFLICT OF INTEREST QUESTIONNAIRE

Name and Board/Committee:					
dis you tak wit	closi i or en p h or	onflicts of Interest Policy adopted by the Board of Directors of the District requires are of certain interests. To carry out the purpose of this Policy, you state in this form that your family members have the following affiliations, interest or relationships, and/or have eart in the following transactions that, when considered in conjunction with your position relationship to the District and its affiliates, might possibly constitute or give rise to an apparent, or potential conflict of interest as defined under the Policy.			
spo pos app Co Co Sta Ch	ouse ssible pare nflict mmi item ief C	ndividuals considered to be "family members" for purposes of this statement include: your parent, domestic partner, child, or sibling. Check "No" where applicable, or explain any conflicts of interest, including all material facts, on this questionnaire. All actual, nt, or potential conflicts of interest that existed or that exist since the filing of your last s of Interest Statement (or since the beginning of your Board of Director tenure, thee tenure, independent contractor, or agency relationship if no prior Conflicts of Interest ent was filed) should be reported on this questionnaire. In addition, you must report to the ompliance Officer any further financial interest, situation, activity, interest, or conduct that velop before completion of the next annual questionnaire.			
I.	ВА	ACKGROUND			
	Α.	What position(s) do you hold/relationships do you maintain with respect to the District (i.e., Board member, committee member, etc.)? Also, please indicate the specific District entity, department or program within the Health Care District with which the position or relationship is maintained.			
	В.	Do you refer patients to the District or an Affiliate for medical treatment? If the answer is "yes," please state the nature of the relationship (i.e., member of the medical staff of a Lakeside Medical Center, Edward J. Healey).			
II.	ΟU	JTSIDE INTEREST			
	A.	Do you or any of your family members hold, or within the last one (1) year have you or any of your family members held, directly or indirectly, (i) a position or (ii) a material financial non-publicly traded interest in any outside entity with which you or your family member have reason to believe the District (a) does business, including obtaining goods or services, or (b) provides services competitive with the District?			
		A "material" financial interest is one which involves or has a fair market value of more than One Thousand Dollars (\$1,000.00) or which represent more than 5% of the total ownership interest in the outside entity.			
		□ No □ Yes-Explain below…			



BOARD CONFLICT OF INTEREST QUESTIONNAIRE

	1)	Are you or any of your family members currently engaged, or within the last one (1) year have you or any of your family members been engaged, in any business outside of your duties at the District that in any way does business the District?					
,		□ No	□ Yes-Explain below				
	2) Are you or any of your family members, or within the last one (1) year have any of your family members been, an officer or director of any conformalization (for-profit or not-for-profit) other than the District that does busing the District?						
		□ No	□ Yes-Explain below				
	3)	or any of your family me from any customer or sup exclude charge cards an	nily members have, or within the last one (1) year have you embers had, any personal loans, advances, or borrowings oplier who also does business with the District? (You may d personal or mortgage loans at market rates at financial finance companies, insurance companies, and savings and				
		□ No	□ Yes-Explain below				
	Do you or any of your family members compete, directly or indirectly, with the District in the purchase or sale of ambulatory/ancillary medical services?						
		□ No	□ Yes-Explain below				
	Do you or any of your family members render, or within the last one (1) year have you or any of your family members rendered directive, managerial, consultative or other services to the District or on behalf of any outside entity that does business with the District?						
		□ No	□ Yes-Explain below				
	Do you or any of your family members employ or otherwise retain, or within the last one (1) year have you or any of your family members employed or otherwise retained, personnel of the District for work on non-district business done outside of the District?						
		□ No	□ Yes-Explain below				



BOARD CONFLICT OF INTEREST QUESTIONNAIRE

	charitable) as a director, trusted □ No	e, officer, or in a similar capacity?		
		<u> </u>		
III. GI	FTS, GRATUITIES, AND ENTEI	RTAINMENT		
A.	entertainment, benefits, disco	mily members in the last one (1) year accepted gifts unts, or other favors valued in excess of One Hundred side entity that does or is seeking to do business with the		
	□ No	□ Yes-Explain below		
В.	Have you or any of your family members accepted any gifts, honoraria, perquisites, favor, or benefits valued in excess of One Hundred Dollars (\$100.00) from suppliers or vendors of the District?			
	□ No	□ Yes-Explain below		
purpos		rs that I believed might be considered relevant for barent, or possible conflicts of interest, or I have indicated ssary.)		
ACKN	OWLEDGMENT			
I hereb	by state each of the following:			
(1) (2) (3)	I have read and understand			
(4)	I understand that the Distri	ct is a special taxing district and that to maintain its status activities which accomplish its stated purposes;		
(5)	I agree to report promptly t responses to each of the fo circumstances or any furth	o the Chief Compliance Officer any change in the pregoing questions which may result from changes in the er financial interest, situation, activity, interest, or conduct permission of my next annual questionnaire; and		
(6)	The information contained	herein is true and accurate to the best of my knowledgeday of,		
Signed	i:			
Print N	lame:			