Check all of the following that apply (use additional sheets as needed).

To the best of my knowledge, I, either directly or through a member of my family, am affiliated with the following organizations that may be potentially related to the financial operation of ______. An employee is deemed to be affiliated with any organization that may be potentially related to the financial operation of ______. Of which he or she, or a member of his or her family (1) is a director, officer, partner, employee or agent; or (2) receives direct financial benefit from sales or services; or (3) has a 35 percent or greater interest.

Name of organization	Description of possible affiliation	

- □ To the best of my knowledge, there are no circumstances involving me or a member of my family that may be construed as a conflict of interest.
- To the best of my knowledge, there are circumstances involving me or a member of my family that may be construed as a conflict of interest:

□ There may be the possibility of a potential conflict of interest (describe below):

Name (print)	Signature	
Position	Date	

• Forward this signed statement to the parish office no later than September 30th of each year.