

Group I Conflict of Interest Disclosure Statement

To qualify for service as (Check all applicable)

- Chairperson of an NYSSCPA, FAE, MSF, or PAC Committee (other than those included in Group II of the NYSSCPA/FAE/MSF/PAC Conflict of Interest Policy)
- Member of a Chapter Executive Board
- Other (Please specify) _____

I declare that

1. I have read the NYSSCPA/FAE/MSF/PAC Conflict of Interest Policy (Approved by the NYSSCPA on February 12, 2020, by FAE on June 6, 2020, by MSF on April 30, 2020, and by PAC on July 19, 2020), and

2. To the best of my information and belief, I, my Related Parties, and Affiliated Organizations have no relationships at present with the Society which could give rise to a Conflict of Interest other than the following:

3. I agree to recuse myself from any Society-, FAE-, MSF-, and/or PAC-related decisions in which I believe I might have a Conflict of Interest.

Signature

Date

Print Name

Note: Defined terms have the meaning given them in the Policy.