

# 2012 INSTRUCTIONS FOR THE CONFLICT OF INTEREST FORM

## **Important Notes**

1. The Executive Order No. 14 Conflict of Interest (“COI”) Form is only to be completed by members of State college and university governing boards, e.g., trustees. The 2012 COI Form is due electronically (online) no later than Thursday, May 15, 2012 with a \$50 per day fee (fine) to be assessed for each day the form is filed late. In filing your COI Form electronically (online), you must first obtain an authentication code by completing the Request Form located on our website under “Financial Disclosure for College/University Governing Board Members.”
2. If you are permitted to file a paper COI form, the form must be postmarked no later than May 15, 2012.
3. The following personal information **should not** be included on your COI Form:
  - a) Social Security Number
  - b) Home address and phone
  - c) Credit card numbers
  - d) Names and numbers of bank and brokerage accounts

## **A) General Information**

**Date of Statement:** Use the date the statement is submitted.

**Filing Year:** Enter filing year. If you are completing the fillable PDF, click the dropdown box. The current filing year is 2012.

**Name:** Enter the first name, middle initial and last name of filer.

**Name of College/University:** Indicate the full name of the College or University where you serve as a governing board member.

**Name of Governing Board Member:** Enter first name, middle initial and last name.

**Position:** Indicate governing board member/trustee status, (regular, ex-officio, student).

**Business Mailing Address:** Provide a complete mailing address; be sure to include zip code. If you use your home address, please so indicate and the staff will delete it for public record purposes.

**Daytime Telephone Number:** Please indicate telephone number where you can be reached in the daytime. (It is occasionally necessary for a staff member to contact a filer to obtain omitted information or for clarification of disclosed information.)

## **B) Employment**

Please list any full-time and/or part-time employment or business presently engaged in by you and each member of your immediate family. Indicate positions held and names of employer and/or business.

## **Licenses**

If you hold a license issued by a State agency that entitles you to engage in a particular business, profession, trade, or occupation (e.g. attorney, physician, nurse, pharmacist, engineer, real estate, insurance, private detective, teacher), so indicate. Note, whether the license is active or inactive. Completing this section satisfies your obligation to report under *N.J.S.A. 52:13D-23(e)(2)*.

## **C) State Employment-Relatives**

The N.J. Conflicts of Interest Law (*N.J.S.A. 52:13D-21.2(b)(1)*), provides that “A relative of an appointed member of a governing or advisory body of an independent authority, board, commission, agency or instrumentality of the State shall not be employed in an office or position in that independent authority, board, commission, agency, or instrumentality.” Furthermore, the statute provides that “A State officer or employee or a Special State Officer or employee in the Executive Branch shall not supervise, or exercise authority with regard to personnel actions over, a relative of the officer or employee.”

**C.1** If you have a relative who works for the college or university where you serve as trustee, please provide the name, title and office of that relative in the space provided. Note that for purposes of this section, relative means your spouse/civil union partner, or your or your spouse’s/civil union partner’s parent, child, brother, sister, aunt, uncle, niece, nephew, grandparent, grandchild, son-in-law, stepparent, stepchild, stepbrother, stepsister, half-brother or half-sister, whether the relative is related to you or your spouse/civil union partner by blood, marriage or adoption.

**C.2** Indicate whether you exercise authority, supervision or control with regard to personnel actions regarding relatives. If the answer is yes, indicate name and title of relative. In the space provided, indicate all personal contractual or business relationships you have with any official at the university/college where you serve as trustee.

## **D) Training**

*The Conflicts Law was amended in January 2006 to include a mandatory training provision.*

**D.1** Indicate whether you have completed ethics training.

**D.2** Indicate whether training was in-person or on-line. Training modules are available on the State Ethics Commission website.

**D.3** If training was in-person, indicate whether it was provided by your agency or the State Ethics Commission.

**D.4** Provide date that training was most recently completed (whether online or in-person). If you completed the training modules on our website, you should have received a receipt for each module completed.

**E) Conflicts**

**E.1** Please enter the date noted on the list provided to you of entities that do business with the college or university where you serve as a governing board member.

**E.2** Please indicate if you or an immediate family member (spouse/civil union partner, domestic partner, child, parent or sibling residing in your household) do business with the college or university where you serve as a governing board member. Use space provided to note details, including name and nature of the business for you or your immediate family member.

**E.3** In the applicable boxes, indicated directly under the question, provide the requested information if you or any member of your immediate family is employed by, or receives compensation or benefit (financial or otherwise) from any firm, association or partnership that does business with your university or college.

- If you are required to complete item E.3(d) on “Capital Gains,” make sure you list the item sold on Schedule A, page 9.
- If you are required to complete item E.3(e) on “Honoraria, Lecture Fees, Gifts, etc.,” you must list the items on Schedule B, page 10.

**E.3(a) Compensated employment.** Indicate the name of the firm, association or partnership from which you, your spouse/civil union partner, domestic partner or children/sibling residing in your household receive or derive compensation or a benefit. Indicate commencement, date(s) and termination date(s) of employment, if applicable.

Income, in the nature of “delayed” compensation, including deferred or future income from the practice of a profession should be reported here.

**E.3(b) Compensated directorships and other fiduciary positions.** List only compensated directorships and other fiduciary positions here. One is said to act in a fiduciary capacity when the business that he/she transacts or the money or property that he/she handles is not his/her own or for his/her own benefit but for the benefit of another person (executor of an estate, trustee, and receiver in bankruptcy).

**E.3(c) Contractual arrangements.** All contractual arrangements producing or expected to produce income must be listed. Contractual arrangements include, but are not limited to, a buyout agreement, severance payments, a purchase contract, contract of sale, lease or rental agreement of any goods or services or license.

**E.3(d) Capital Gains.** Enter a checkmark for capital gains here and itemize on Schedule A, page 9. A capital gain is a profit realized on the sale or exchange of a capital asset (stocks, bonds, house, property, car, etc.).

**E.3(e) Miscellaneous Sources of Income.** Honoraria, lecture fees, gifts not included above, and other miscellaneous sources of income must be disclosed here, including but not limited to Social Security, pensions, bank interest, dividends, rental income, accounts and notes receivable, and royalties over \$1,000. List each source on the line(s) provided.

State officers are not permitted to accept honoraria in connection with matters related to their official duties.

**E.4&5 Interest in public and closely held corporations, partnerships, sole proprietorships or similar business entities.** Indicate in #4 whether you own or control more than one percent of the profits or assets of any firm, association or partnership that does business with your university or college. If “yes” box is checked, note in area provided name of firm, association or partnership.

Similarly, for item #5, indicate whether a member of your immediate family owns or controls more than one percent of the profits or assets of any firm, association or partnership that does business with your university or college. If “yes” box is checked, in the space provided state family member’s name and relationship to you and identify the firm, association or partnership.

**E.6&7 Compensated or uncompensated offices, trusteeships, directorships or positions of any nature held by you, your spouse/civil union partner or domestic partner or dependent children, with any firm, corporation, association, partnership or business.** List all applicable positions and indicate in the space provided whether the firm, corporation, association, partnership or business does business with your college/university.

**E.8 Debts to your university or college.** Check the appropriate box as to whether you owe any money or other thing of value to your university or college. If answer is “yes”, provide details of debt/money owed in the space provided.

**E.9 Liabilities/Debts with creditors doing business with your university.** In the space provided, identify any creditor or institution doing business with your university or college with whom you or your immediate family member has a debt or liability. Please provide the family member’s name and relationship to you. Also include all liabilities that have been forgiven within the last twelve months, stating the name of all the creditors to whom the liability was owed. Liabilities include, but are not limited to, notes, accounts payable, past due taxes, mortgages or liens, and loans on life insurance.

**E.10 Ownership of securities in companies, mutual funds, holding funds or government agencies doing business with your college or university.** Please detail in the space provided stocks or bonds held by you, your spouse/civil union partner, domestic partner or immediate family members with companies, mutual/holding funds or government agencies doing business with your college or university. In the space provided, list whether such person owns more than one percent of the profits or assets in the entity listed.

**E.11 Interests in college or university contracts.** In the space provided, please list and describe any interest you or a member of your immediate family has in any contract made or executed by your university or college.

**E.12 Interests in university or college real estate.** Please indicate in the space provided any interest you or an immediate family member has in real estate owned by your university or college. Real estate interests can include those arising from sales, purchases, rental agreements, leases, contingent interests or deeds. Be sure to provide the information required in the chart for each interest held.

**E.13 Interests in closely held corporations doing business with your university/college.** In the space provided, please list any interest you, or an immediate family member, has in any closely held corporation, partnership, sole proprietorship or similar business entity that does business with your university or college. Interest is defined as more than a one percent ownership or control of any profits or assets of such a business entity.

**E.14 Executive Order No. 14 Exceptions.** In the space provided, please list and describe any exceptions granted to you by the State Ethics Commission under paragraph 5 of Executive Order No. 14. Please indicate the date on which the exception was granted.

**E.15 Representation or appearances on behalf of others before your university or college.** Please indicate in the space provided whether there are individuals, agencies, private sector entities, non-profit organizations, trade or professional organizations that you now or expect in the future, to represent, appear for or make inquiries before your university or college. Note, under the Conflicts of Interest Law, N.J.S.A. 52:13D-16a “A Special State officer is prohibited from representing, appearing for or negotiating on behalf of any person or party other than the State in connection with any cause, proceeding, application or other matter pending before the particular office, bureau, board, council, commission, authority, agency, fund or system in which such special State Officer or employee holds office or employment.” This prohibition also extends to any partnership, firm or corporation in which the special State officer has an interest.

**E.16 Contractual or business relationships with university/college officers/employees.** In the space provided, please indicate all personal contractual or business relationships with another officer or employee or special State officer of your college or university. Be sure to indicate the name and title of the officer, employee or special State officer.

Note, under the Uniform Ethics Code, an agency head, deputy head or assistant head is prohibited from engaging in any private business transactions with any employee of his/her agency.

Page 9, Schedule A. List all capital gains disclosed under E.3(d).

Page 10, Schedule B. List all honoraria and other sources of income disclosed under E.3(e).

**Attestation Page - Electronic Submission.** If you are filing your COI form electronically, click the “Yes” box.

Enter your 32 character authentication code in the yellow box. You should have obtained this code by completing the request form on our web site. Please include the hyphens between each of the groups of characters (8 characters, hyphen, 4 characters, hyphen, 4

characters, hyphen, 4 characters, hyphen and 12 characters). In order to reduce the possibility of error, we suggest that you copy and paste the authentication code from the email message in which you received it. Go to the email message, highlight the authentication code and click ctrl + C; return to the Conflicts of Interest Form, click ctrl + V.

Enter your full name in the yellow box.

Click the appropriate box to indicate who prepared the Conflicts of Interest Form.

Save a copy of the completed PDF for your records.

Click the blue submit button. You must be online to complete your submission.

A page will appear indicating the date and time of your submission. You may print this for your records. You will also receive an email confirmation that your filing has been received.

### **Attestation Page – Paper Submission**

The attestation page must include your **original** signature, an **original** notary signature and seal, if applicable, and the expiration date of the notary's commission. (If a New Jersey attorney notarizes the filer's signature, a seal is not required.) **Photocopies of attestation, page 11, are not acceptable.**

Mail or hand deliver to the State Ethics Commission.

### **Paper Submission - Fillable PDF.**

If you completed the fillable PDF, but are not filing electronically, click the "No" box.

Click the appropriate box to indicate who prepared the COI form.

Save a copy of the completed PDF for your records.

Mail or hand deliver to the State Ethics Commission, 28 West State Street, Room 1407, PO Box 082, Trenton, New Jersey 08625.

**Questions regarding the filing of your 2012 Conflicts of Interest Form can be directed to Jeffrey S. Stoolman, Esq. at (609) 826-5543 or 5542.**