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EXECUTIVE ORDER NO. 64 CONFLICT OF INTEREST FORM

Instructions:

The New Jersey Conflicts of Interest Law (N.J.S.A. 52:13D-12 et seq.), the rules of the State Ethics Commission (N.J.A.C. 19:61-1.1 et seq.) and your institution's code of ethics contain standards that apply to you in your official capacity. A college/university governing board member must file this form annually with the State Ethics Commission. Please note that completion of this form alone does not satisfy your obligation to promptly disclose any relationship, activity or interest that could possibly involve or appear to involve an actual or potential conflict of interest. It is your ongoing responsibility throughout the year to keep the Commission informed of such matters.

For the purposes of this form, (a) "do business with" means providing or receiving any goods or services or otherwise engaging in a transaction involving the exchange of anything of value; and (b) "member of immediate family" means spouse/civil union partner, domestic partner, or child, parent, or sibling residing in your household.

Detailed instructions for completing this form are available on the Commission's website, nj.gov/ethics/forms/college/.

FORM MUST BE FILED WITH THE STATE ETHICS COMMISSION BY MAY 15, 2024.

A. General Information

Filing Year: 2024

Date of Statement _____

First Name: _____ M.I. _____

Last Name: _____

Name of College or University: _____

Position Held: _____

Business Mailing Address

Street Address: _____

P.O. Box: _____

City: _____ State: _____ Zip Code: _____

Daytime Telephone Number: _____

You will receive an email receipt for your electronic submission at the email address you provide in the text box below.

Email Address: _____

B. Employment

Please list below any occupation, trade, business, profession or employment presently engaged in by you and each member of your immediate family.

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Do you hold a license issued by a State agency that entitles you to engage in a particular business, profession, trade or occupation (e.g., law, real estate, engineering, medicine, plumbing)?

☐ Yes ☐ No

Type of License	License is active	License is inactive

C. State Employment - Relatives

For the 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, daughter-in-law, stepparent, stepchild, stepbrother, stepsister, half brother or half sister, whether the relative is related to you or your spouse by blood, marriage or adoption.

1. Is any relative employed in an office or position in the unclassified service of the civil service of the State?

☐ Yes ☐ No

If yes, please provide name of relative(s) and employing agency.

2. Do you exercise authority, supervision or control (including personnel actions) over a relative?

☐ Yes ☐ No

If yes, please provide name, job title and work unit of relatives.

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D. Conflicts

1. I have received and carefully reviewed a list, dated _____

of entities that do business with the university or college where I am a board member. ☐ Yes ☐ No

2. Do you or any immediate family member do business with your university or college? ☐ Yes ☐ No

If "yes," please provide details about the nature of the business.

3. Are you or any member of your immediate family employed by, or do you receive or derive any compensation or benefit, financial or otherwise, from any firm, association or partnership that does business with your university or college?

☐ Yes ☐ No If "yes", please provide information below:

	You	Spouse/Civil Union Partner or Domestic Partner	Child, Parent, Sibling in Household
a. Compensated employment (including name of employer and dates of employment)			
b. Directorships and other fiduciary positions for which compensation has or will be received			
c. Contractual arrangements for which compensation has or will be received			
d. Capital gains (Itemize on Schedule A)			
e. Honoraria, lecture fees, gifts and other gratuities (cash or non-cash) and other miscellaneous sources of income, including but not limited to pensions, interest, dividends, royalties, rents and accounts and notes receivables (Itemize on schedule B)			

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4. Do 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?

☐ Yes ☐ No

If “yes,” please list name of firm, association or partnership.

5. Does a member of your immediate family own or control more than one percent of the profits or assets of a firm, association or partnership that does business with your university or college?

☐ Yes ☐ No

If “yes,” please provide the family member’s name and relationship to you and identify the firm, association or partnership.

6. Do you hold any office, trusteeship, directorship or position of any nature, whether compensated or uncompensated, with any firm, corporation, association, partnership or business that does business with your university or college?

☐ Yes ☐ No

If “yes,” please list:

(a) name of entity _____

(b) position held _____

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7. Does a member of your immediate family hold any office, trusteeship, directorship, or position of any nature, whether compensated or uncompensated, with any firm, corporation, association, partnership or business that does business with your university or college?

☐ Yes ☐ No

If "yes," please complete chart below:

Name of Entity	Position Held	Holder of Position

8. Do you owe any money or anything of value to your university or college?

☐ Yes ☐ No

If "yes," please provide details:

9. Do you or an immediate family member have any liabilities or debts with creditors or institutions that do business with your university or college?

☐ Yes ☐ No

If "yes", please identify any creditor or institution that does business with your university or college and indicate whether you or an immediate family member has the debt or liability. Please provide the family member's name and relationship to you. 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.

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10. Do you or an immediate family member own securities in any company, mutual fund, holding fund or government agency that does business with your university or college?

☐ Yes ☐ No If "yes," please complete chart below.

		Security Held By: (Check)			
Type of Security (Stock or Bond)	Name of Company, Mutual Fund, Holding Company or Government Agency	You	Spouse/Civil Union Partner or Domestic Partner	Child, Parent, Sibling in Same Household	Percentage Ownership (if greater than 1%)

11. Do you or an immediate family member have any interest in any contract made or executed by your university or college?

☐ Yes ☐ No

If "yes," please complete chart below.

	Interest Held By: (Check)		
Description of Interest and Nature of Contract	You	Spouse / Civil Union Partner or Domestic Partner	Child, Parent, Sibling in Same Household

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12. Do you or an immediate family member have any interest in real estate in which your university or college has an interest, including sales, purchases, rental agreements, leases, contingent interests, ownership?

☐ Yes ☐ No

If "yes," please complete chart below.

					Interest Held By: (Check)		
Type of Interest	County	Size	Current Use (Commercial, Industrial, Residential, Rental, Farm or Vacant)	Date Interest Acquired	You	Spouse / Civil Union Partner or Domestic Partner	Child, Parent, Sibling in Same Household

13. Do you or an immediate family member have an interest in a closely held corporation that does business with your university or college?

☐ Yes ☐ No

If "yes," please list:

Holder of Interest: _____

Business Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

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14. List any exceptions granted to you or an immediate family member by the State Ethics Commission pursuant to paragraph 5 of Executive Order No. 14 (Corzine).

15. Do you now or do you expect in the future to represent, appear for, make inquiries on behalf of, or negotiate on behalf of any individual, agency, private sector entity, non-profit organization, trade or professional organization or any other party before any individual, unit or segment of your college or university?

☐ Yes ☐ No

If yes, please describe the nature of your activities. Identify the party on whose behalf you have acted or expect to act, the reason for your activities and the individuals at the college or university with whom you have had or expect to have contact.

16. Do you have any personal contractual or business relationship with another officer or employee or special State officer of your college or university?

☐ Yes ☐ No

If yes, please explain in the space provided, indicating the name and title of the officer, employee or special State officer.

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SCHEDULE A - CAPITAL GAINS

Indicate not applicable with “N/A” or “None.”

Item Sold	Description (e.g., real property, stock name)	Gained Received by:(check)		
		You	Spouse / Civil Union Partner or Domestic Partner	Child, Parent, Sibling in Same Household

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SCHEDULE B – HONORARIA AND OTHER SOURCES OF INCOME

Indicate not applicable with “N/A” or “None.”

Type of Income	Source	Source of income to:(check)		
		You	Spouse / Civil Union Partner or Domestic Partner	Child, Parent, Sibling in Same Household

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ATTESTATION

I hereby certify that I have read the foregoing statement and any addendum pages attached hereto and to the best of my knowledge and belief, they are true, correct and complete. I further certify that I have not and will not transfer any asset, interest, or property for the purpose of concealing it from disclosure while retaining an equitable interest therein. I understand that I am subject to penalties for perjury.

Enter your authentication code:

Enter your full name:

This Conflict of Interest Form wascompleted by (check one):

- ☐ Member of Governing Board
- ☐ Spouse / Civil Union Partner
- ☐ Domestic Partner
- ☐ Other (Please identify) _____

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SUBMIT

When we receive your submission an email receipt will be sent to the email address that you provided on the first page of this form. If you do not receive an email receipt from Formrouter.net within an hour of submission, contact the State Ethics Commission.

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Process # _____