

**FORM A -2 CONFLICT OF INTEREST
ANNUAL EMPLOYEE DISCLOSURE AND AFFIRMATION STATEMENT**

NAME: _____

CONTACT ADDRESS: _____

Please list the name of all organizations (for-profit and not-for-profit) of which you are, or within the last year prior to the date of this statement, a Director, Officer, Trustee, or employee. Please state the days and hours you work for said organization.

| <u>Name of Organization</u> | <u>Position</u> | <u>Days</u> | <u>Hours</u> |
|-----------------------------|-----------------|-------------|--------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Please list the name of all entities in which you have financial interest.

| <u>Name of Business Entity</u> | <u>Nature of Interest</u> |
|--------------------------------|---------------------------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Identify any entities that to the best of your knowledge, you have previously provided, or are expected to provide, goods or services to ARC.

Signature: _____ **Date:** _____

Note: If you are not sure if you should list something please speak to the Compliance Officer