

Conflict of Interest Disclosure Form

Employees of agencies shall recuse themselves from any situation in which the employee has a conflict of interest or where an employee's impartiality might reasonably be questioned due to the employee's personal or financial relationship with a participant in the proceeding. Such recusal shall apply to, among other circumstances, situations where an employee's relative is a lobbyist, vendor, or potential vendor for an agency or the State; or where the employee's relative has a current or potential business relationship with an agency or any other issue pending before the employee's respective agency. Employees with multiple relatives creating potential conflicts must complete a separate Disclosure Form and Affidavit for each relative. Employees with relatives who have multiple clients, current or potential contracts with an agency or the State, or other current or potential business relationships with an agency or the State must complete a separate Disclosure Form and Affidavit for each client, contract, or other business relationship.

Pursuant to the Code of Ethics, the term "relative" includes the following: spouse, parent, grandparent, child, brother, sister, uncle, aunt, nephew, niece, first cousin, father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law, stepparent, stepchild, stepbrother, stepsister, half-brother, or half-sister.

I. Reason for Disclosure:

- ☐ My relative is a lobbyist. (Fill out Section II.)
- ☐ My relative is a current or potential vendor for the State. (Fill out Section III.)
- ☐ My relative has a current or potential business relationship with a State agency or any other issue pending before my agency. (Fill out Section IV.)

II. Employees whose relatives are lobbyists shall disclose:

Name of Relative: _____

Name of Relative's Employer: _____

Name of Relative's Client (if applicable): _____

Issue(s) for Which the Relative or the Relative's Employer Has Been Retained:

Description of All Relevant Underlying Facts of the Relationship and Potential Conflict :

III. Employees with relatives who are current or potential vendors for the State shall disclose:

Name of Relative: _____

Name of Relative's Employer or Business Entity (if applicable):

State Contract Relative Holds or is Seeking to Obtain and State Entity Issuing Said Contract:

Description of All Relevant Underlying Facts of the Relationship and Potential Conflict:

IV. Employees with relatives who have current or potential business relationships with a State agency, or any other issue pending before the employee's respective agency.

Name of Relative:

Name of Relative's Employer or Business Entity (if applicable):

Description of All Relevant Underlying Facts of the Relationship and Potential Conflict:

Please complete the attached Affidavit affirming that you have not disclosed any information learned through your employment to the relative that would financially benefit yourself, the relative, the relative's employer, or the relative's client (if any) prior to the disclosure of the relationship.

I hereby certify that the information set forth above is true and complete to the best of my knowledge.

Signature: _____

Date: _____

Conflict of Interest Affidavit

State of Georgia, County of _____

The undersigned, _____ (*Affiant's Name*), being duly sworn, hereby deposes and says:

1. I am over the age of 18.
2. I suffer no legal disabilities and have personal knowledge of the facts below.
3. I have not disclosed any non-public information learned through my employment with the State of Georgia that would financially benefit me prior to the disclosure of my relationship with such relative pursuant to Executive Order 04.01.21.57.
4. I have not disclosed any non-public information learned through my employment with the State of Georgia that would financially benefit _____ (*Relative's Name*), my _____ (*Relation to Employee*), or to _____ (*Name of Relative's Business, Client, or Employer*) prior to the disclosure of my relationship with such relative pursuant to Executive Order 04.01.21.57.
5. I declare that to the best of my knowledge and belief, the information contained herein is true, correct, and complete.

FURTHER AFFIANT SAYETH NOT.

Executed this _____ day of _____, 20____.

Signature of Affiant

NOTARY PUBLIC

STATE OF _____, COUNTY OF _____

Signature of Notary

Commission Expiration