

## PERSONAL/ORGANIZATIONAL DISCLOSURE OF INTEREST FORM

1. Your Name:

Your Organization Affiliation:

Committee Name:

Describe any personal or organizational relationships subject to disclosure (e.g., disclosures may include relationships with employees of organizations developing or stewarding the measure, or stock options in companies that may benefit from the measures).

2. If None, check here:

3. Describe any personal or organizational financial interests subject to disclosure. If None, check here:

4. Electronic Certification

*By executing this Electronic Certification, I certify that I have reviewed the Personal/Organizational Disclosure of Interest Form, and the information given above is true to the best of my knowledge.*

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

You and all other persons and organizations must be free of any conflicts of interest for this effort. If at any time you believe that a potential or actual conflict exists, you must notify Battelle immediately. "Conflict of Interest" means because of other activities or relationships with other persons or organizations you are unable or potentially unable to (1) render impartial assistance or advice; (2) perform due to the impairment of or the possibility of the impairment of your objectivity; or (3) perform because you have or might acquire an unfair competitive advantage.