Potential Conflicts of Interest

Name: Brittany Harrington

Stated potential conflict:

None

None

None

None

Brittany Harrington

Signature

01 / 04 / 2021

Date

I understand that if a potential conflict of interest arises during my time on the Board, I will inform the Board at the next regularly scheduled meeting.

Please initial: BH

HELLOSIGN

Audit Trail

TITLE	Conflict of Interest Statement and Disclosure Form
FILE NAME	1. Potential Conflicts of Interests.docx
DOCUMENT ID	20c086ea937de0a5c3c68bd0d77cc1773736fa69
AUDIT TRAIL DATE FORMAT	MM / DD / YYYY
STATUS	● Completed

Document History

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