

**AMERICAN LEGION AUXILIARY  
DEPARTMENT OF OREGON  
CONFLICT OF INTEREST DISCLOSURE FORM**

*(To be completed when applicable by members of the department governing board, department officers, department chairs, members of a department committee with governing board delegated powers, department appointees, and department headquarters staff)*

1. Do you or any family members receive compensation from or have a material financial interest in any entity that furnishes goods or services to the American Legion Auxiliary Department of Oregon Headquarters?

*(Example: Do you or a family member work for a company that sells a product that you know has been or may be purchased by the American Legion Auxiliary National, Department or ALA National Foundation)*

Yes \_\_\_\_\_ No \_\_\_\_\_

If you answered “yes,” please complete the following:

Company/organization with which you or family members are involved:

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

Company Address: \_\_\_\_\_

Nature of Business: \_\_\_\_\_

Type(s) of product(s) or service(s): \_\_\_\_\_

Your job title or affiliation with this company: \_\_\_\_\_

What was the value of the product or service provided over the past year? \$ \_\_\_\_\_

2. To the best of your knowledge, are there any other relationships or circumstances that would result in a conflict of interest in your relationship with the American Legion Auxiliary Department of Oregon Headquarters?

Yes \_\_\_\_\_ No \_\_\_\_\_

If you answered “yes,” please explain: \_\_\_\_\_

Capacity: DEC \_\_\_\_\_ Department Officer \_\_\_\_\_ Department Committee Chairman \_\_\_\_\_  
Department Committee Member \_\_\_\_\_ Special Appointment \_\_\_\_\_ Department Staff \_\_\_\_\_

I agree that if I become aware of any information that might indicate that this disclosure is inaccurate, I will notify the ALA Department Secretary immediately.

Printed Name: \_\_\_\_\_ Unit: \_\_\_\_\_

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

**This form must be completed and submitted as appropriate to disclose potential or known conflicts.** Submit to: American Legion Auxiliary Department Secretary, PO Box 1730, Wilsonville, OR 97070