

CENTRAL COMMUNITY COLLEGE

POTENTIAL CONFLICT OF INTEREST STATEMENT

Item 1	NAME, ADDRESS, TELEPHONE NUMBER
Name _____ Telephone No. _____ Address _____	
Item 2	DESCRIPTION OF POTENTIAL CONFLICT OF INTEREST
Date action is to be take or decision is to be made: _____ Description of Potential Conflict (attach additional page if necessary): 	
Item 3	PERSONS WHO MAY RECEIVE FINANCIAL BENEFIT OR DETRIMENT
_____ Myself _____ Member of Immediate Family: _____ _____ Business I'm Associated With: _____	
Item 4	NATURE OF FINANCIAL BENEFIT OR DETRIMENT
<div style="display: flex; justify-content: space-between;"> Signature _____ Date _____ </div>	