

THE AMERICAN LEGION DEPARTMENT OF OREGON  
DEPARTMENT EXECUTIVE COMMITTEE AND  
DEPARTMENT OFFICERS  
QUESTIONNAIRE: ON POTENTIAL CONFLICTS OF INTEREST

1. Do you currently have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individual or collectively with other person(s))?

YES  NO

If yes, name of company/organization: \_\_\_\_\_

Company address: \_\_\_\_\_

Nature of business: \_\_\_\_\_

Your affiliation with this company: \_\_\_\_\_

If this company/organization conducts business with Department of Oregon Headquarters, what is the volume: \_\_\_\_\_

2. Do you have a family member who has a direct or indirect business relationship with the organization?

YES  NO

If yes, what is that family member's name and relationship to you?

\_\_\_\_\_

Nature of business relationship: \_\_\_\_\_

3. Do you serve as an officer, director, trustee, key employee, partner, or member of an Entity (or a shareholder of a professional corporation) doing business with the organization?

YES  NO

If yes, name of company/organization: \_\_\_\_\_

Company address: \_\_\_\_\_

Nature of business: \_\_\_\_\_

Your affiliation with this company: \_\_\_\_\_

If this company/organization conducts business with The American Legion Department of Oregon, what is the volume: \_\_\_\_\_

4. Do you have a direct business relationship with any other officer, director, trustee or employee of the organization?

YES  NO

If yes, please indicate the name and relationship \_\_\_\_\_

5. Is any other officer, director, trustee or employee of the organization an immediate family member of yours?

YES  NO

If yes, please indicate the name and relationship: \_\_\_\_\_

PRINTED NAME and TITLE:

SIGNATURE:

DATE: