



Name: \_\_\_\_\_ Department \_\_\_\_\_  
(PLEASE PRINT)

**STATE OF TENNESSEE  
CONFLICT OF INTEREST STATEMENT (2009)**

*(To be completed by employees covered by Executive Order #2)*

*Please read, sign and return to your department compliance officer by JULY 15, 2009.*

I hereby certify that I know of no circumstance related to my duties respecting Tennessee state government that might result in or create the appearance of any of the conditions described in sections (i) through (vi) in paragraph 2 of Executive Order #3. These conditions include the following:

- i. Using public office for private gain;
- ii. Giving preferential treatment to any person;
- iii. Impeding government efficiency or economy;
- iv. Losing complete independence or impartiality;
- v. Making a government decision outside of official channels; or
- vi. Affecting adversely the confidence of the public in the integrity of the government.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Department

\_\_\_\_\_  
Date

**NOTE:** *If the statement above is not accurate and you know of circumstances related to your duties respecting state government that might result in or create the appearance of any of the conditions described in sections (i) through (vi) in paragraph 2 of Executive Order #3, do not sign this Statement, but instead attach a list of such circumstances. For each circumstance listed, please include a brief narrative describing all relevant facts and the nature of the potential conflict of interest.*