

## Wausau/Central Wisconsin Convention & Visitors Bureau Annual Affirmation of Compliance and Disclosure Statement

I have received and carefully read the Conflict of Interest Policy for board members, staff and volunteers of **Wausau/Central Wisconsin Convention & Visitors Bureau** and have considered not only the literal expression of the policy, but also its intent. By signing this affirmation of compliance, I hereby affirm that I understand and agree to comply with the Conflict of Interest Policy. I further understand that **Wausau/Central Wisconsin Convention & Visitors Bureau** is a charitable organization and that in order to maintain its federal tax exemption it must engage primarily in activities which accomplish one or more of its tax-exempt purposes. Except as otherwise indicated in the Disclosure Statement and attachments, if any, below, I hereby state that I do not, to the best of my knowledge, have any conflict of interest that may be seen as competing with the interests of **Wausau/Central Wisconsin Convention & Visitors Bureau**, nor does any relative or business associate have such an actual or potential conflict of interest. If any situation should arise in the future which I think may involve me in a conflict of interest, I will promptly and fully disclose the circumstances to the President of the Board of Directors of **Wausau/Central Wisconsin Convention & Visitors Bureau** or to the Executive Director, as applicable. I further certify that the information set forth in the Disclosure Statement and attachments, if any, is true and correct to the best of my knowledge, information and belief.

\_\_\_\_\_  
Name (Please print)

\_\_\_\_\_  
Organization Represented

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

(RETURN SIGNED DOCUMENT TO THE CVB OFFICE NO LATER THAN JANUARY 31 OF EACH YEAR.)

### **Disclosure Statement**

Please complete the questionnaire below indicating any actual or potential conflicts of interest. If you answer "yes" to any of the questions, please provide a written description of the details of

the specific action or transaction. Attach additional sheets as needed. Financial Interests - A conflict may exist where an interested party, or a relative or business associate of an interested party, directly or indirectly benefits or profits as a result of a decision made or transaction entered into by the organization. **Please indicate, during the past 12 months:**

YES	NO	
		Has the organization contracted to purchase or lease goods, services, or property from or otherwise had a direct business relationship with you, or from any of your relatives or business associates?
		Has the organization purchased an ownership interest in or invested in a business entity owned by you, or owned by any of your relatives or business associates?
		Has the organization offered employment to you, or to any of your relatives or business associates, other than a person who was already employed by the organization?
		Have you, or have any of your relatives or business associates, been provided with a gift, gratuity or favor, of a substantial nature, from a person or entity which does business, or seeks to do business, with the organization?
		Have you, or any of your relatives or business associates, been gratuitously provided use of the facilities, property, or services of the organization or received a grant, loan or other financial assistance from the organization?
		Has a relative had a direct or indirect business relationship with the organization?
		Have you served as an officer, director, trustee, key employee, partner or member/shareholder of an entity doing business with the organization?

Other Interests - A conflict may also exist where an interested party, or a relative or business associate of an interested party, obtains a non-financial benefit or advantage that he/she would not have obtained absent his/her relationship with the organization, or where his/her duty or responsibility owed to the organization conflicts with a duty or responsibility owed to some other organization. **Please indicate, during the past 12 months:**

YES	NO	
		Did you obtain preferential treatment by the organization for yourself, or for any of your relatives or business associates?
		Did you make use of confidential information obtained from the organization for your own benefit, or for the benefit of a relative, business associate, or other organization?
		Did you take advantage of an opportunity, or enable a relative, business associate or other organization to take advantage of an opportunity, which you had reason to believe would be of interest to the organization?