



## CONFLICT OF INTEREST /WHISTLEBLOWER FORM

This form must be filed annually by all specified parties, as identified in the CPC Conflict of Interest & Whistleblower Policies, ratified by the CPC Board of Directors on \_\_\_\_\_.

I have read the CPC Conflict of Interest Policy: Yes          No

I have read the CPC Whistleblower Policy: Yes          No

Have you or any Interested Party sold services or goods to CPC or had any direct/indirect interest in any business transaction to which CPC was a party in the past year?

Yes          No

If yes, please describe:

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Do you or any Interested Party expect to receive compensation from CPC during this next year?

Yes          No

If yes, please describe:

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Are you aware of any events or other situation(s) that may occur in the future that you believe should be examined in accordance with the CPC Conflict of Interest Policy?

Yes          No

If yes, please describe:

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Signature below indicates my receipt and understanding of the CPC Policies as a Board Member.

By: \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature)

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_