DISCLOSURE OF CONFLICT OF INTEREST (SEE Conn. Gen. Stat. §1-86(a))

WHAT IS A “SUBSTANTIAL” CONFLICT OF INTEREST? A “substantial” conflict of interest exists if a public official or state employee has reason to believe or expect that he or she, his or her spouse, a dependent child, or a business with which he or she is associated will derive a direct monetary gain or suffer a direct monetary loss by virtue of his or her official activity. It does not exist if any benefit or detriment accrues to any such person as a member of a profession, occupation or group to no greater extent than any other member of such profession, occupation or group.

WHAT IS A “POTENTIAL” CONFLICT OF INTEREST? A “potential” conflict of interest exists if a public official or state employee, in the discharge of his or her official state duties, would be required to take an action that would affect his or her financial interest, or the financial interest of his or her spouse, parent, brother, sister, child, spouse of the child, or a business with which the official or employee is associated. Unlike a “substantial” conflict of interest, there is no requirement that the financial impact be direct or that it affect the individual differently from other members of his or her profession, occupation, or group. However, there still must be a reasonable expectation on the part of the state employee or public official that there will be some financial impact based on his or her actions. A “potential” conflict of interest does not exist if the financial interest is “de minimus” (under $100) or if the interest is not distinct from that of a substantial segment of the general public (e.g., all taxpayers).

WHAT TO FILE –

1. **Public officials and state employees at regulatory agencies** – if you are a member of a state regulatory agency (i.e., a “commission, board, council, authority or other similar body which is organized by law to regulate, i.e., control, administer, or oversee, any profession, occupation, industry, activity, fund, endeavor or area of conduct), and you are faced with a potential conflict of interest, then you **MUST** either:
   a. **Excuse yourself** from taking any action on the matter, **OR**
   b. **Prepare a written statement**, signed under penalty of false statement, describing the matter requiring action and the nature of the potential conflict, and explaining why despite the conflict, you are able to vote and otherwise participate fairly, objectively, and in the public interest.

2. **Public officials and state employees not at regulatory agencies** – if you are not a member of a state regulatory agency, and you are faced with a substantial or potential conflict of interest, you **MUST prepare a written statement**, signed under penalty of false statement, describing the matter requiring action and the nature of the conflict.

WHERE TO FILE –

1. **Public officials and employees who are members of state regulatory agencies** – the written conflict of interest statement must be submitted to the Office of State Ethics, and entered into the journal or minutes of the official’s or employee’s agency.

2. **Public officials and employees who are not members of state regulatory agencies** – the written conflict of Interest statement must be submitted to your immediate supervisor. If you do not have an immediate supervisor, you **MUST CONSULT THE OFFICE OF STATE ETHICS**.

WHAT ELSE TO DO –

1. **Public officials and employees who are members of state regulatory agencies** – If you have submitted a conflict of interest statement, and have explained why, despite the potential conflict, you may be able to act fairly, objectively, and in the public interest, you may take required action on the matter. **However, if you take action on the matter that is in “substantial” conflict with your official state duties (see above), you may be subject to penalties for violation of the Code of Ethics.**

2. **Public officials and employees who are not members of state regulatory agencies** – If you have a substantial or potential conflict of interest, **YOU MAY NOT TAKE ANY ACTION** on the matter that presents the conflict of interest. **YOUR SUPERVISOR MUST REASSIGN THE MATTER** to someone who is not subject to your supervision. If you do not have an immediate supervisor, **YOU MUST CONSULT THE OFFICE OF STATE ETHICS.**
Your Name: Your Agency:  
Your Title: Your Immediate Supervisor:  

Nature of conflict (please be specific, listing dates, names, contracts, etc.):  
______________________________________________________________________________________  
______________________________________________________________________________________  
______________________________________________________________________________________  
______________________________________________________________________________________  
______________________________________________________________________________________  
______________________________________________________________________________________  
______________________________________________________________________________________  
______________________________________________________________________________________  
______________________________________________________________________________________  

□ Check here if you are a member of a state regulatory agency, and believe that, despite the conflict described above, you are able to vote and otherwise participate fairly, objectively, and in the public interest.

Please explain why you believe that, despite the conflict described above, you are able to vote and otherwise participate fairly, objectively, and in the public interest:  
______________________________________________________________________________________  
______________________________________________________________________________________  
______________________________________________________________________________________  
______________________________________________________________________________________  
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I DO HEREBY CERTIFY under penalty of false statement that I make this report in accordance with the requirements of Conn. Gen. Stat. §1-86(a), and that this report contains all the information required by such statute.

X________________________________________ _______________  
(Signature of Public Official or Employee) (Date)