



STATE OF TENNESSEE

ETHICS POLICY COMPLIANCE CERTIFICATION AND CONFLICT OF INTEREST STATEMENT

(To be completed by the Governor, Governor's Cabinet and Cabinet Level Staff)

Please read, sign and return to the *Governor's Legal Office*

by April 15, of each year

Pursuant to paragraph five of Executive Order No. 2, dated January 24, 2019, I, _____ (name), _____ (title) of the Department of _____, do hereby certify that any and all material violations of Executive Order No. 2, dated January 24, 2019, known by me or by the Department Compliance Officer to have occurred in this Department during the previous calendar year have been reported to the Counsel to the Governor.

I also 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 (a) through (f) in paragraph 2 of Executive Order No. 2, dated January 24, 2019. 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.

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 (a) through (f) in paragraph 2 of Executive Order No. 2, 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.

Signature

Department

Date