

Conflict of Interest Policy
Annual Affirmation of Compliance and Disclosure Statement

I have received and carefully read the Conflict of Interest Policy for board members and officers of the Friends of Matthias Baldwin Park 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 the Friends of Matthias Baldwin Park 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 below, I hereby state that I do not, to the best of my knowledge, have any conflict of interest that may seem as competing with the interests of the Friends of Matthias Baldwin Park 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 the Friends of Matthias Baldwin Park.

I further certify that the information set forth in the Disclosure Statement below is true and correct to the best of my knowledge, information and belief.

Disclosure Statement

During the past 12 months, have you had any Financial Interest as defined in Article II-Definitions of the Conflict of Interest Policy of the Friends of Matthias Park.

Yes _____ No

If yes, please describe:

James M Fenkel

Name (Print)

James M Fenkel

Signature

12/11/19
Date

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Yes _____ No X

If yes, please describe:

Robert J Stunk, Sr
Name (Print)

RJ Stunk
Signature

12/8/19
Date

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Yes _____ No X

If yes, please describe:

GRACE HANRAHAN
Name (Print)

Grace Hanrahan
Signature

12/10/2019
Date

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If yes, please describe:

Joan Markoe
Name (Print)


Signature

12/11/19
Date

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Yes _____ No

If yes, please describe:

Sandra J. Owens

Name (Print)

Sandra J. Owens

Signature

12-8-2019

Date

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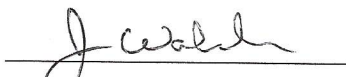
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Yes _____ No X

If yes, please describe:

JOSEPH A. WALSH
Name (Print)


Signature

17 FEBRUARY 2020
Date