

**ARIZONA EARLY CHILDHOOD DEVELOPMENT AND HEALTH BOARD  
FIRST THINGS FIRST**

**PINAL REGIONAL PARTNERSHIP COUNCIL  
MEMBER DISCLOSURE FORM**

**TO:** Pinal Regional Partnership Council  
**DATE:** May 10, 2013  
**SUBJECT:** Conflict of Interest Disclosure Pursuant to A.R.S. §38-501 to §38-511

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1. Identify the agenda item and date of the meeting at which the agenda item is scheduled to be heard, or other matter in which you or your relative may have a “substantial interest” under A.R.S. §38-501 to §38-511.
  
  
  
  
  
  
  
  
  
  
2. Describe the “substantial interest” referred to above. (attach additional pages if necessary)

**STATEMENT OF DISQUALIFICATION**

To avoid any possible conflict of interest under A.R.S. §38-501 to §38-511, I refrain from participating in any manner in the matter identified above.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Council Member Seat

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date