

**HOME BUILDERS ASSOCIATION OF METRO ORLANDO
CONFLICT OF INTEREST DISCLOSURE STATEMENT**

Please sign and date in the space at the end of Item A or complete Item B, whichever is appropriate. Complete Item C, sign and date the statement and return it to HBA of Metro Orlando. The HBA of Metro Orlando Conflict of Interest Policy provides definitions for who should complete this Statement and what types of relationships should be reported. (Attach any additional pages if more room is needed to respond to individual questions.)

- A.) I am not aware of any relationships or interest or situation involving my family or myself which might result in, or give the appearance of being, a conflict of interest between such family member or me on one hand and HBA of Metro Orlando on the other.

Sign & Date

- B.) The following relationships, interest or situations involving me or a member of my family might result in or appear to be an actual, apparent or potential conflict of interest between such family members or myself on one hand and HBA of Metro Orlando on the other.

Sign & Date

For-profit corporate directorships, positions as officers or employment with:

Nonprofit directorships, trusteeships and positions:

Memberships in the following organizations:

Contracts, business activities and investments with or in the following organizations (excluding investment in publicly traded mutual funds and trusts):

Other relationships and activities that may present a conflict:

At this time my occupation and the primary business name under which I operate are:

C.) I have read and understand the Home Builders Association of Metro Orlando Conflict of Interest Policy and agree to be bound by its terms and conditions. I further represent that I will not disclose any non-public information made known to me as a result of my HBA of Metro Orlando leadership position to any party in competition with HBA of Metro Orlando products and services. I will promptly inform the President or the CEO of HBA of Metro Orlando of any material change in the information contained in this foregoing Statement.

Member Signature: _____ Date: _____

Title/Committee: _____

Member Print Name: _____ Date: _____