

STATEMENT OF CERTIFICATION

I have read the Region VI Local Elected Official Board bylaws on Conflict of Interest and understand that I must adhere to the above.

Signature: Judy R. Pratt

Printed Name: JUDY R. PRATT Date Signed: 12-13-12

CONFIDENTIALITY STATEMENT

I will withhold confidential information from persons, including, but not limited to: relatives, friends, colleagues, and others, not accorded access to privileged information that I have received by virtue of my position on the Region VI Local Elected Official Board.

Statement of Certification

I acknowledge that I have read and understand the confidentiality statement.

Signature: Judy R. Pratt

Printed Name: JUDY R. PRATT Date Signed: 12-13-12

DISCLOSURES

(Please answer the following questions as they relate to Calendar Year 2012)

Did you receive or accrue compensation from any organization for services rendered to Region 6?

☒ No ☐ Yes (If Yes, please attach a separate page listing the amount of compensation and a description of the services rendered.)

Did you, as an officer, director, board member, or key employee of the Region VI Workforce Investment Board, have a family relationship or a business relationship with any other officer, director, trustee, or key employee of the Region VI Workforce Investment Board?

☒ No ☐ Yes (If Yes, please attach a separate page describing the relationship.)

Signature: Judy R. Pratt

Printed Name: JUDY R. PRATT Date: 12-13-12

STATEMENT OF CERTIFICATION

I have read the Region VI Local Elected Official Board bylaws on Conflict of Interest and understand that I must adhere to the above.

Signature: David Morris

Printed Name: DAVID MORRIS Date Signed: 12-13-12

CONFIDENTIALITY STATEMENT

I will withhold confidential information from persons, including, but not limited to: relatives, friends, colleagues, and others, not accorded access to privileged information that I have received by virtue of my position on the Region VI Local Elected Official Board.

Statement of Certification

I acknowledge that I have read and understand the confidentiality statement.

Signature: David Morris

Printed Name: DAVID MORRIS Date Signed: 12-13-12

DISCLOSURES

(Please answer the following questions as they relate to Calendar Year 20__.)

Did you receive or accrue compensation from any organization for services rendered to Region 6?

☒ No ☐ Yes (If Yes, please attach a separate page listing the amount of compensation and a description of the services rendered.)

Did you, as an officer, director, board member, or key employee of the Region VI Workforce Investment Board, have a family relationship or a business relationship with any other officer, director, trustee, or key employee of the Region VI Workforce Investment Board?

☒ No ☐ Yes (If Yes, please attach a separate page describing the relationship.)

Signature: David Morris

Printed Name: DAVID MORRIS Date: 12-13-12

STATEMENT OF CERTIFICATION

I have read the Region VI Local Elected Official Board bylaws on Conflict of Interest and understand that I must adhere to the above.

Signature: Robert Mollohan

Printed Name: MOLLOHAN, ROBERT HOLT Date Signed: 13 December 2012

CONFIDENTIALITY STATEMENT

I will withhold confidential information from persons, including, but not limited to: relatives, friends, colleagues, and others, not accorded access to privileged information that I have received by virtue of my position on the Region VI Local Elected Official Board.

Statement of Certification

I acknowledge that I have read and understand the confidentiality statement.

Signature: Robert Mollohan

Printed Name: MOLLOHAN, ROBERT HOLT Date Signed: 13 December 2012

DISCLOSURES

(Please answer the following questions as they relate to Calendar Year 20__.)

Did you receive or accrue compensation from any organization for services rendered to Region 6?

☒ No ☐ Yes (If Yes, please attach a separate page listing the amount of compensation and a description of the services rendered.)

Did you, as an officer, director, board member, or key employee of the Region VI Workforce Investment Board, have a family relationship or a business relationship with any other officer, director, trustee, or key employee of the Region VI Workforce Investment Board?

☒ No ☐ Yes (If Yes, please attach a separate page describing the relationship.)

Signature: Robert Mollohan

Printed Name: MOLLOHAN, ROBERT HOLT Date: 13 December 2012

STATEMENT OF CERTIFICATION

I have read the Region VI Local Elected Official Board bylaws on Conflict of Interest and understand that I must adhere to the above.

Signature: Janie Lou White

Printed Name: Janie Lou White Date Signed: 12-13-2012

CONFIDENTIALITY STATEMENT

I will withhold confidential information from persons, including, but not limited to: relatives, friends, colleagues, and others, not accorded access to privileged information that I have received by virtue of my position on the Region VI Local Elected Official Board.

Statement of Certification

I acknowledge that I have read and understand the confidentiality statement.

Signature: Janie Lou White

Printed Name: Janie Lou White Date Signed: 12-13-2012

DISCLOSURES

(Please answer the following questions as they relate to Calendar Year 2013.)

Did you receive or accrue compensation from any organization for services rendered to Region 6?

☒ No ☐ Yes (If Yes, please attach a separate page listing the amount of compensation and a description of the services rendered.)

Did you, as an officer, director, board member, or key employee of the Region VI Workforce Investment Board, have a family relationship or a business relationship with any other officer, director, trustee, or key employee of the Region VI Workforce Investment Board?

☒ No ☐ Yes (If Yes, please attach a separate page describing the relationship.)

Signature: Janie Lou White

Printed Name: Janie Lou White Date: 12-13-2012

STATEMENT OF CERTIFICATION

I have read the Region VI Local Elected Official Board bylaws on Conflict of Interest and understand that I must adhere to the above.

Signature: Katherine Wagner

Printed Name: Katherine Wagner Date Signed: 12/13/12

CONFIDENTIALITY STATEMENT

I will withhold confidential information from persons, including, but not limited to: relatives, friends, colleagues, and others, not accorded access to privileged information that I have received by virtue of my position on the Region VI Local Elected Official Board.

Statement of Certification

I acknowledge that I have read and understand the confidentiality statement.

Signature: Katherine Wagner

Printed Name: Katherine Wagner Date Signed: 12/13/12

DISCLOSURES

(Please answer the following questions as they relate to Calendar Year 20__.)

Did you receive or accrue compensation from any organization for services rendered to Region 6?

☒ No ☐ Yes (If Yes, please attach a separate page listing the amount of compensation and a description of the services rendered.)

Did you, as an officer, director, board member, or key employee of the Region VI Workforce Investment Board, have a family relationship or a business relationship with any other officer, director, trustee, or key employee of the Region VI Workforce Investment Board?

☒ No ☐ Yes (If Yes, please attach a separate page describing the relationship.)

Signature: Katherine Wagner

Printed Name: Katherine Wagner Date: 12/13/12

STATEMENT OF CERTIFICATION

I have read the Region VI Local Elected Official Board bylaws on Conflict of Interest and understand that I must adhere to the above.

Signature: William J. McDonnell

Printed Name: William J. McDonnell Date Signed: 12/13/2012

CONFIDENTIALITY STATEMENT

I will withhold confidential information from persons, including, but not limited to: relatives, friends, colleagues, and others, not accorded access to privileged information that I have received by virtue of my position on the Region VI Local Elected Official Board.

Statement of Certification

I acknowledge that I have read and understand the confidentiality statement.

Signature: William J. McDonnell

Printed Name: William J. McDonnell Date Signed: 12/13/2012

DISCLOSURES

(Please answer the following questions as they relate to Calendar Year 20__.)

Did you receive or accrue compensation from any organization for services rendered to Region 6?

☒ No ☐ Yes (If Yes, please attach a separate page listing the amount of compensation and a description of the services rendered.)

Did you, as an officer, director, board member, or key employee of the Region VI Workforce Investment Board, have a family relationship or a business relationship with any other officer, director, trustee, or key employee of the Region VI Workforce Investment Board?

☒ No ☐ Yes (If Yes, please attach a separate page describing the relationship.)

Signature: William J. McDonnell

Printed Name: William J. McDonnell Date: 12/13/2012

STATEMENT OF CERTIFICATION

I have read the Region VI Local Elected Official Board bylaws on Conflict of Interest and understand that I must adhere to the above.

Signature: P. Michael Reed (Run)

Printed Name: P. MICHAEL REED Date Signed: 12/13/12
Run

CONFIDENTIALITY STATEMENT

I will withhold confidential information from persons, including, but not limited to: relatives, friends, colleagues, and others, not accorded access to privileged information that I have received by virtue of my position on the Region VI Local Elected Official Board.

Statement of Certification

I acknowledge that I have read and understand the confidentiality statement.

Signature: P. Michael Reed

Printed Name: P. MICHAEL REED Date Signed: 12/13/12

DISCLOSURES

(Please answer the following questions as they relate to Calendar Year 20__.)

Did you receive or accrue compensation from any organization for services rendered to Region 6?

☒ No ☐ Yes (If Yes, please attach a separate page listing the amount of compensation and a description of the services rendered.)

Did you, as an officer, director, board member, or key employee of the Region VI Workforce Investment Board, have a family relationship or a business relationship with any other officer, director, trustee, or key employee of the Region VI Workforce Investment Board?


☒ No ☐ Yes (If Yes, please attach a separate page describing the relationship.)

Signature: P. Michael Reed

Printed Name: P. MICHAEL REED Date: 12/13/12

STATEMENT OF CERTIFICATION

I have read the Region VI Local Elected Official Board bylaws on Conflict of Interest and understand that I must adhere to the above.

Signature: 

Printed Name: BERNARD FAZZINI Date Signed: 12-13-12

CONFIDENTIALITY STATEMENT

I will withhold confidential information from persons, including, but not limited to: relatives, friends, colleagues, and others, not accorded access to privileged information that I have received by virtue of my position on the Region VI Local Elected Official Board.

Statement of Certification

I acknowledge that I have read and understand the confidentiality statement.

Signature: 

Printed Name: BERNARD FAZZINI Date Signed: 12-13-12

DISCLOSURES

(Please answer the following questions as they relate to Calendar Year 20__.)

Did you receive or accrue compensation from any organization for services rendered to Region 6?

☒ No ☐ Yes (If Yes, please attach a separate page listing the amount of compensation and a description of the services rendered.)

Did you, as an officer, director, board member, or key employee of the Region VI Workforce Investment Board, have a family relationship or a business relationship with any other officer, director, trustee, or key employee of the Region VI Workforce Investment Board?

☒ No ☐ Yes (If Yes, please attach a separate page describing the relationship.)

Signature: 

Printed Name: BERNARD FAZZINI Date: _____

STATEMENT OF CERTIFICATION

I have read the Region VI Local Elected Official Board bylaws on Conflict of Interest and understand that I must adhere to the above.

Signature: Leroy E. Hunter Jr.

Printed Name: Leroy E. Hunter Sr. Date Signed: 12/13/12

CONFIDENTIALITY STATEMENT

I will withhold confidential information from persons, including, but not limited to: relatives, friends, colleagues, and others, not accorded access to privileged information that I have received by virtue of my position on the Region VI Local Elected Official Board.

Statement of Certification

I acknowledge that I have read and understand the confidentiality statement.

Signature: Leroy E. Hunter Jr.

Printed Name: Leroy E. Hunter Sr. Date Signed: 12/13/12

DISCLOSURES

(Please answer the following questions as they relate to Calendar Year 20__.)

Did you receive or accrue compensation from any organization for services rendered to Region 6?

☒ No ☐ Yes (If Yes, please attach a separate page listing the amount of compensation and a description of the services rendered.)

Did you, as an officer, director, board member, or key employee of the Region VI Workforce Investment Board, have a family relationship or a business relationship with any other officer, director, trustee, or key employee of the Region VI Workforce Investment Board?

☒ No ☐ Yes (If Yes, please attach a separate page describing the relationship.)

Signature: Leroy E. Hunter Jr.

Printed Name: Leroy E. Hunter Sr. Date: 12/13/12