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: Jusy R. PATT Date Signed: _/2-/3-/2
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.
Printed Name: Just R. Pratt Date Signed: 12-13-12
DISCLOSURES (Please answer the following questions as they relate to Calendar Year 20/2)
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?
NoYes (If Yes, please attach a separate page describing the relationship.)
Signature:
Printed Name: Jusy R. YRATI Date: 12-13-12

I have read the Region VI Local Elected Official Board bylaws on Conflict of Interest and understalld that I must adhere to the above.
Signature: Warris
Printed Name: DAVID MORRIS Date Signed: 12-13-12.
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Statement of Certification I acknowledge that I have read and understand the confidentiality statement. Signature:
Printed Name: DAVID MORRIS Date Signed: 12-13-12
<u>DISCLOSURES</u> (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?
NoYes (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?
NoYes (If Yes, please attach a separate page describing the relationship.) Signature: Warris Morris
Printed Name: DAVID MORRIS Date: 12-13-12

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: Roby Heloho
Printed Name: MolloHAN, Robert Holy Date Signed: 13 Denenty 2012
CONFIDENTIALITY STATEMENT
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Statement of Certification I acknowledge that I have read and understand the confidentiality statement.
Signature: Polyetmoleto
Printed Name: MOLLOHAN, ROBERT HOLT Date Signed: 13 December 2012
<u>DISCLOSURES</u> (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.)
Printed Name: Mollogan, Robert HOLT Date: 13 December 2012
Printed Name: Malloff AN, ROBERT HOLT Date: 13 December 2012

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: Jame Lou Lettuto
Printed Name: JAnie Lou WhiteDate Signed: 12-13-2012
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Statement of Certification I acknowledge that I have read and understand the confidentiality statement.
Printed Name: Jane Lou White Date Signed: 12-13-20[2
DISCLOSURES (Please answer the following questions as they relate to Calendar Year 20 <u>1</u> 출.)
Did you receive or accrue compensation from any organization for services rendered to Region 6?
NoYes (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?
NoYes (If Yes, please attach a separate page describing the relationship.) Signature: Quil Ou Sulling
Printed Name: JAnie Lou White Date: 12-13-2012

I must adhere to the above.
Signature: Fottlewww Wagner Printed Name: Kothenne Wagner Date Signed: 12/13/12
Printed Name: Kothenvue Wagne Date Signed: 12/13/12
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Statement of Certification I acknowledge that I have read and understand the confidentiality statement. Signature: Fatheria Wagne
Printed Name: Katherine Wagner Date Signed: 12/13/12
<u>DISCLOSURES</u> (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?
NoYes (If Yes, please attach a separate page listing the amount of compensation and a description of the services rendered.)
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No Yes (If Yes, please attach a separate page describing the relationship.)
Signature: Fatherine Wagner Date: 12/3/12
Printed Name: Katherine Wargnee Date: 12/13/12

I must adhere to the above.
Signature: William J. McDonnell Date Signed: 12/13/2012
Printed Name: William J. McDonnell Date Signed: 12/13/2012
CONFIDENTIALITY STATEMENT
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Statement of Certification
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Signature: William melorell
Printed Name: William J. McDonnell Date Signed: 12/13/2012
<u>DISCLOSURES</u> (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?
X 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?
NoYes (If Yes, please attach a separate page describing the relationship.)
Signature: William Mulliel
Printed Name: William J. McDonnell Date: 12/13/2012

I have read the Region VI Local Elected Official Board bylaws on Conflict of Interest and understand that
Signature: P. Michael Reed (Dun) Printed Name: P. Michael REGO Date Signed: 12 12 12 12 12 12 12 12
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Statement of Certification I acknowledge that I have read and understand the confidentiality statement.
Signature: V. Muhaul Roed
Printed Name: P. Michael Reed Date Signed: 12(13/12
<u>DISCLOSURES</u> (Please answer the following questions as they relate to Calendar Year 20)
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No Yes (If Yes, please attach a separate page listing the amount of compensation and a description of the services rendered.)
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No Yes (If Yes, please attach a separate page describing the relationship.)
Printed Name: P. Michael REED Date: 12/13/12
Printed Name: P. MICHAEL REED Date: 12/13/12

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: 13-12
CONFIDENTIALITY STATEMENT
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Statement of Certification I acknowledge that I have read and understand the confidentiality statement.
Printed Name: PENNAS FAZZINI Date Signed: 12-13-12
<u>DISCLOSURES</u> (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.)
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NoYes (If Yes, please attach a separate page describing the relationship.)
Signature: Date: Date:

I must adhere to the above.
Signature: Theory E. Hunter Jr.
Signature: Theory E. Hunter Jr. Date Signed: 12/13/12
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Statement of Certification I acknowledge that I have read and understand the confidentiality statement.
Signature: <u>Slewy E. Hunter Jr.</u> Printed Name: <u>Leroy E. Hunter Jr.</u> Date Signed: <u>12/13/12</u>
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?
NoYes (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?
NoYes (If Yes, please attach a separate page describing the relationship.)
Signature: Thoy & Hunter h.
Printed Name: Leroy E. Hunter Sr. Date: 12/13/12