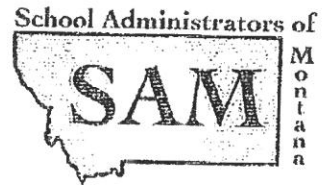


**SAM Director and Officer
Annual Conflict of Interest Statement**



1. Name: Dan Kimzey

2. Position:

Are you an Officer? Yes No

If you are an Officer, indicate which position you hold. MASSP / SAM Board

3. I affirm the following:

[Handwritten initials]

I have received a copy of the SAM Conflict of Interest policy.

I agree to comply with the policy.

I understand that SAM is charitable and in order to maintain its federal tax exemption it must engage primarily in activities which accomplish one or more of tax-exempt purposes.

4. Disclosures:

a. Do you have a financial interest (current or potential), including a compensation arrangement, as defined in the Conflict of Interest policy with SAM? Yes No

i. If yes, please describe:

No

ii. If yes, has the financial interest been disclosed, as provided in the Conflict of Interest policy? Yes No NA

b. In the past, have you had a financial interest, including a compensation arrangement, as defined in the Conflict of Interest policy with MQEC? Yes No

i. If yes, please describe including approximate dates:

N/A

ii. If yes, has the financial interest been disclosed, as provided in the Conflict of Interest policy? Yes No NA

5. Are you an independent director, as defined in the Conflict of Interest policy? Yes No

a. If you are not independent, please explain. NA

[Handwritten Signature]
Signature of Director

Date: 3/8/2018

Date of Review by Executive Board: _____

SAM Director and Officer Annual Conflict of Interest Statement



1. Name: Rick Duncan

2. Position:

Are you an Officer? Yes No

If you are an Officer, indicate which position you hold. MASS FEDERAL RELATIONS

3. I affirm the following:

[Signature]
[Signature]
[Signature]

I have received a copy of the SAM Conflict of Interest policy.

I agree to comply with the policy.

I understand that SAM is charitable and in order to maintain its federal tax exemption it must engage primarily in activities which accomplish one or more of tax-exempt purposes.

4. Disclosures:

a. Do you have a financial interest (current or potential), including a compensation arrangement, as defined in the Conflict of Interest policy with SAM? Yes No

i. If yes, please describe:

ii. If yes, has the financial interest been disclosed, as provided in the Conflict of Interest policy? Yes No

b. In the past, have you had a financial interest, including a compensation arrangement, as defined in the Conflict of Interest policy with MQEC? Yes No

i. If yes, please describe including approximate dates:

ii. If yes, has the financial interest been disclosed, as provided in the Conflict of Interest policy? Yes No

5. Are you an independent director, as defined in the Conflict of Interest policy? Yes No

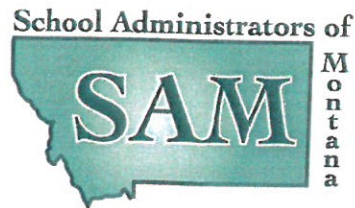
a. If you are not independent, please explain. _____

[Signature]
Signature of Director

Date: _____

Date of Review by Executive Board: _____

SAM Director and Officer Annual Conflict of Interest Statement



1. Name: Tobin Hovsis

2. Position:

Are you an Officer? Yes No

If you are an Officer, indicate which position you hold. MASS President

3. I affirm the following:

I have received a copy of the SAM Conflict of Interest policy.

I agree to comply with the policy.

I understand that SAM is charitable and in order to maintain its federal tax exemption it must engage primarily in activities which accomplish one or more of tax-exempt purposes.

4. Disclosures:

a. Do you have a financial interest (current or potential), including a compensation arrangement, as defined in the Conflict of Interest policy with SAM? Yes No

i. If yes, please describe:

ii. If yes, has the financial interest been disclosed, as provided in the Conflict of Interest policy? Yes No

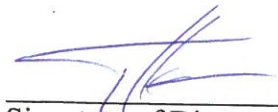
b. In the past, have you had a financial interest, including a compensation arrangement, as defined in the Conflict of Interest policy with SAM? Yes No

i. If yes, please describe including approximate dates:

ii. If yes, has the financial interest been disclosed, as provided in the Conflict of Interest policy? Yes No

5. Are you an independent director, as defined in the Conflict of Interest policy? Yes No

a. If you are not independent, please explain. _____



Signature of Director

Date: 6/15/12

Date of Review by Executive Board: _____

**SAM Director and Officer
Annual Conflict of Interest Statement**



1. Name: Jon Komen

2. Position:

Are you an Officer? Yes No

If you are an Officer, indicate which position you hold. Pres. Elect of SAM

3. I affirm the following:

Past Pres. of MAEMSP

A handwritten signature in black ink, appearing to be "JK", written over a horizontal line.

I have received a copy of the SAM Conflict of Interest policy.

I agree to comply with the policy.

I understand that SAM is charitable and in order to maintain its federal tax exemption it must engage primarily in activities which accomplish one or more of tax-exempt purposes.

4. Disclosures:

a. Do you have a financial interest (current or potential), including a compensation arrangement, as defined in the Conflict of Interest policy with SAM? Yes No

i. If yes, please describe:

ii. If yes, has the financial interest been disclosed, as provided in the Conflict of Interest policy? Yes No

b. In the past, have you had a financial interest, including a compensation arrangement, as defined in the Conflict of Interest policy with SAM? Yes No

i. If yes, please describe including approximate dates:

ii. If yes, has the financial interest been disclosed, as provided in the Conflict of Interest policy? Yes No

5. Are you an independent director, as defined in the Conflict of Interest policy? Yes No

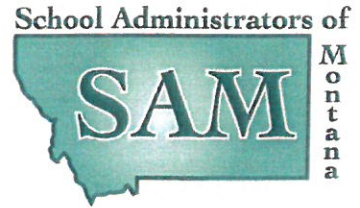
a. If you are not independent, please explain. _____

A handwritten signature in black ink, appearing to be "JK", written over a horizontal line.
Signature of Director

Date: 06/15/17

Date of Review by Executive Board: 06/15/17

SAM Director and Officer Annual Conflict of Interest Statement



1. Name: Peter Hamilton

2. Position:

Are you an Officer? Yes No

If you are an Officer, indicate which position you hold. MASSP President Elect

3. I affirm the following:

PH
PH
PH

I have received a copy of the SAM Conflict of Interest policy.

I agree to comply with the policy.

I understand that SAM is charitable and in order to maintain its federal tax exemption it must engage primarily in activities which accomplish one or more of tax-exempt purposes.

4. Disclosures:

a. Do you have a financial interest (current or potential), including a compensation arrangement, as defined in the Conflict of Interest policy with SAM? Yes No

i. If yes, please describe:

ii. If yes, has the financial interest been disclosed, as provided in the Conflict of Interest policy? Yes No

b. In the past, have you had a financial interest, including a compensation arrangement, as defined in the Conflict of Interest policy with SAM? Yes No

i. If yes, please describe including approximate dates:

ii. If yes, has the financial interest been disclosed, as provided in the Conflict of Interest policy? Yes No

5. Are you an independent director, as defined in the Conflict of Interest policy? Yes No

a. If you are not independent, please explain. _____

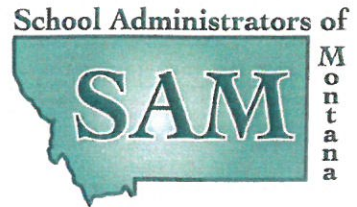
Peter Hamilton

Signature of Director

Date: 6/15/17

Date of Review by Executive Board: _____

**SAM Director and Officer
Annual Conflict of Interest Statement**



1. Name: Laurie Barra

2. Position:

Are you an Officer? Yes No

If you are an Officer, indicate which position you hold. SAM Pres Elect

3. I affirm the following:

✓
✓
✓

I have received a copy of the SAM Conflict of Interest policy.

I agree to comply with the policy.

I understand that SAM is charitable and in order to maintain its federal tax exemption it must engage primarily in activities which accomplish one or more of tax-exempt purposes.

4. Disclosures:

a. Do you have a financial interest (current or potential), including a compensation arrangement, as defined in the Conflict of Interest policy with SAM? Yes No

i. If yes, please describe:

ii. If yes, has the financial interest been disclosed, as provided in the Conflict of Interest policy? Yes No

b. In the past, have you had a financial interest, including a compensation arrangement, as defined in the Conflict of Interest policy with SAM? Yes No

i. If yes, please describe including approximate dates:

ii. If yes, has the financial interest been disclosed, as provided in the Conflict of Interest policy? Yes No

5. Are you an independent director, as defined in the Conflict of Interest policy? Yes No

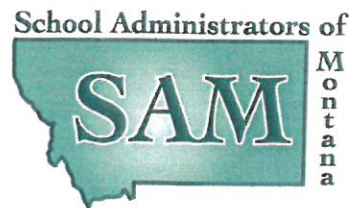
a. If you are not independent, please explain. _____

Laurie Barra
Signature of Director

Date: 6/15/17

Date of Review by Executive Board: _____

SAM Director and Officer Annual Conflict of Interest Statement



1. Name: Dale Olinger

2. Position:

Are you an Officer? Yes No

If you are an Officer, indicate which position you hold. _____

3. I affirm the following:

De
De
De

I have received a copy of the SAM Conflict of Interest policy.

I agree to comply with the policy.

I understand that SAM is charitable and in order to maintain its federal tax exemption it must engage primarily in activities which accomplish one or more of tax-exempt purposes.

4. Disclosures:

a. Do you have a financial interest (current or potential), including a compensation arrangement, as defined in the Conflict of Interest policy with SAM? Yes No

i. If yes, please describe:

ii. If yes, has the financial interest been disclosed, as provided in the Conflict of Interest policy? Yes No

b. In the past, have you had a financial interest, including a compensation arrangement, as defined in the Conflict of Interest policy with SAM? Yes No

i. If yes, please describe including approximate dates:

ii. If yes, has the financial interest been disclosed, as provided in the Conflict of Interest policy? Yes No

5. Are you an independent director, as defined in the Conflict of Interest policy? Yes No

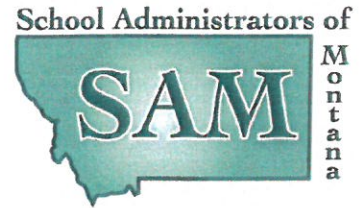
a. If you are not independent, please explain. _____

[Signature]
Signature of Director

Date: 6/15/17

Date of Review by Executive Board: _____

SAM Director and Officer Annual Conflict of Interest Statement



1. Name: Pam Meier

2. Position:

Are you an Officer? Yes No

If you are an Officer, indicate which position you hold. MAESP President-Elect

3. I affirm the following:

PM
PM
PM

I have received a copy of the SAM Conflict of Interest policy.

I agree to comply with the policy.

I understand that SAM is charitable and in order to maintain its federal tax exemption it must engage primarily in activities which accomplish one or more of tax-exempt purposes.

4. Disclosures:

a. Do you have a financial interest (current or potential), including a compensation arrangement, as defined in the Conflict of Interest policy with SAM? Yes No

i. If yes, please describe:

ii. If yes, has the financial interest been disclosed, as provided in the Conflict of Interest policy? Yes No

b. In the past, have you had a financial interest, including a compensation arrangement, as defined in the Conflict of Interest policy with SAM? Yes No

i. If yes, please describe including approximate dates:

ii. If yes, has the financial interest been disclosed, as provided in the Conflict of Interest policy? Yes No

5. Are you an independent director, as defined in the Conflict of Interest policy? Yes No

a. If you are not independent, please explain. _____

Pam Meier
Signature of Director

Date: 6-15-2017

Date of Review by Executive Board: _____

SAM Director and Officer Annual Conflict of Interest Statement



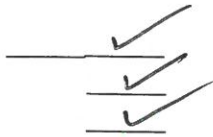
1. Name: Paul Farthmyre

2. Position:

Are you an Officer? Yes No

If you are an Officer, indicate which position you hold. Past President

3. I affirm the following:



I have received a copy of the SAM Conflict of Interest policy.

I agree to comply with the policy.

I understand that SAM is charitable and in order to maintain its federal tax exemption it must engage primarily in activities which accomplish one or more of tax-exempt purposes.

4. Disclosures:

a. Do you have a financial interest (current or potential), including a compensation arrangement, as defined in the Conflict of Interest policy with SAM? Yes No

i. If yes, please describe:

ii. If yes, has the financial interest been disclosed, as provided in the Conflict of Interest policy? Yes No

b. In the past, have you had a financial interest, including a compensation arrangement, as defined in the Conflict of Interest policy with SAM? Yes No

i. If yes, please describe including approximate dates:

ii. If yes, has the financial interest been disclosed, as provided in the Conflict of Interest policy? Yes No

5. Are you an independent director, as defined in the Conflict of Interest policy? Yes No

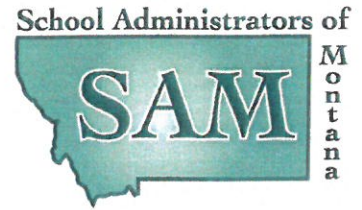
a. If you are not independent, please explain. _____

Paul Farthmyre
Signature of Director

Date: 6-15-17

Date of Review by Executive Board: _____

SAM Director and Officer Annual Conflict of Interest Statement



1. Name: Lance Boyd

2. Position:

Are you an Officer? Yes No

If you are an Officer, indicate which position you hold. MAEMSP President

3. I affirm the following:

AD
AD
AD

I have received a copy of the SAM Conflict of Interest policy.

I agree to comply with the policy.

I understand that SAM is charitable and in order to maintain its federal tax exemption it must engage primarily in activities which accomplish one or more of tax-exempt purposes.

4. Disclosures:

a. Do you have a financial interest (current or potential), including a compensation arrangement, as defined in the Conflict of Interest policy with SAM? Yes No

i. If yes, please describe:

ii. If yes, has the financial interest been disclosed, as provided in the Conflict of Interest policy? Yes No

b. In the past, have you had a financial interest, including a compensation arrangement, as defined in the Conflict of Interest policy with SAM? Yes No

i. If yes, please describe including approximate dates:

ii. If yes, has the financial interest been disclosed, as provided in the Conflict of Interest policy? Yes No

5. Are you an independent director, as defined in the Conflict of Interest policy? Yes No

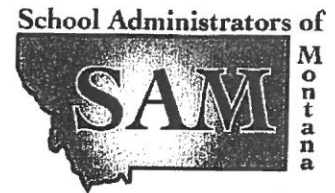
a. If you are not independent, please explain. _____

Jane [Signature]
Signature of Director

Date: 6/15/17

Date of Review by Executive Board: _____

**SAM Director and Officer
Annual Conflict of Interest Statement**



1. Name: CRAIG CRAWFORD

2. Position:

Are you an Officer? Yes No

If you are an Officer, indicate which position you hold. VICE PRESIDENT MAEMSP

3. I affirm the following:

X I have received a copy of the SAM Conflict of Interest policy.
aw I agree to comply with the policy.
aw I understand that SAM is charitable and in order to maintain its federal tax exemption it must engage primarily in activities which accomplish one or more of tax-exempt purposes.

4. Disclosures:

a. Do you have a financial interest (current or potential), including a compensation arrangement, as defined in the Conflict of Interest policy with SAM? Yes No

i. If yes, please describe:

ii. If yes, has the financial interest been disclosed, as provided in the Conflict of Interest policy? Yes No

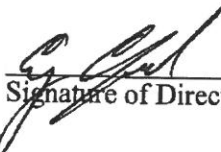
b. In the past, have you had a financial interest, including a compensation arrangement, as defined in the Conflict of Interest policy with MQEC? Yes No

i. If yes, please describe including approximate dates:

ii. If yes, has the financial interest been disclosed, as provided in the Conflict of Interest policy? Yes No

5. Are you an independent director, as defined in the Conflict of Interest policy? Yes No

a. If you are not independent, please explain. _____


Signature of Director

Date: 2/28/2018

Date of Review by Executive Board: _____

**SAM Director and Officer
Annual Conflict of Interest Statement**



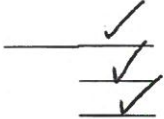
1. Name: Linda Marsh

2. Position:

Are you an Officer? Yes No

If you are an Officer, indicate which position you hold. President of MACSS

3. I affirm the following:



I have received a copy of the SAM Conflict of Interest policy.

I agree to comply with the policy.

I understand that SAM is charitable and in order to maintain its federal tax exemption it must engage primarily in activities which accomplish one or more of tax-exempt purposes.

4. Disclosures:

a. Do you have a financial interest (current or potential), including a compensation arrangement, as defined in the Conflict of Interest policy with SAM? Yes No

i. If yes, please describe:

ii. If yes, has the financial interest been disclosed, as provided in the Conflict of Interest policy? Yes No

b. In the past, have you had a financial interest, including a compensation arrangement, as defined in the Conflict of Interest policy with MQEC? Yes No

i. If yes, please describe including approximate dates:

ii. If yes, has the financial interest been disclosed, as provided in the Conflict of Interest policy? Yes No

5. Are you an independent director, as defined in the Conflict of Interest policy? Yes No

a. If you are not independent, please explain. _____

Linda M. Marsh
Signature of Director

Date: 7-18-2017

Date of Review by Executive Board: _____

**SAM Director and Officer
Annual Conflict of Interest Statement**



1. Name: Jake Haynes

2. Position:
Are you an Officer? Yes No
If you are an Officer, indicate which position you hold. VP MASSP

3. I affirm the following:

JH I have received a copy of the SAM Conflict of Interest policy.
JH I agree to comply with the policy.
JH I understand that SAM is charitable and in order to maintain its federal tax exemption it must engage primarily in activities which accomplish one or more of tax-exempt purposes.

4. Disclosures:

- a. Do you have a financial interest (current or potential), including a compensation arrangement, as defined in the Conflict of Interest policy with SAM? Yes No
- i. If yes, please describe:

- ii. If yes, has the financial interest been disclosed, as provided in the Conflict of Interest policy? Yes No
- b. In the past, have you had a financial interest, including a compensation arrangement, as defined in the Conflict of Interest policy with MQEC? Yes No
- i. If yes, please describe including approximate dates:

- ii. If yes, has the financial interest been disclosed, as provided in the Conflict of Interest policy? Yes No

5. Are you an independent director, as defined in the Conflict of Interest policy? Yes No

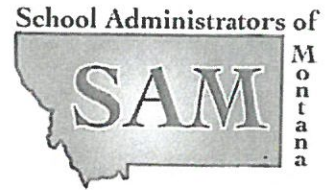
a. If you are not independent, please explain. _____

Jake Haynes
Signature of Director

Date: 2/28/18

Date of Review by Executive Board: _____

**SAM Director and Officer
Annual Conflict of Interest Statement**



1. Name: Richard Chrisman

2. Position:

Are you an Officer? Yes No

If you are an Officer, indicate which position you hold. _____

3. I affirm the following:

RC
RC
RC

I have received a copy of the SAM Conflict of Interest policy.

I agree to comply with the policy.

I understand that SAM is charitable and in order to maintain its federal tax exemption it must engage primarily in activities which accomplish one or more of tax-exempt purposes.

4. Disclosures:

a. Do you have a financial interest (current or potential), including a compensation arrangement, as defined in the Conflict of Interest policy with SAM? Yes No

i. If yes, please describe:

ii. If yes, has the financial interest been disclosed, as provided in the Conflict of Interest policy? Yes No

b. In the past, have you had a financial interest, including a compensation arrangement, as defined in the Conflict of Interest policy with MQEC? Yes No

i. If yes, please describe including approximate dates:

ii. If yes, has the financial interest been disclosed, as provided in the Conflict of Interest policy? Yes No

5. Are you an independent director, as defined in the Conflict of Interest policy? Yes No

a. If you are not independent, please explain. _____

Richard Chrisman
Signature of Director

Date: 2/27/18

Date of Review by Executive Board: _____

SAM Director and Officer Annual Conflict of Interest Statement



1. Name: Cal Ketchum

2. Position:

Are you an Officer? Yes No

If you are an Officer, indicate which position you hold. _____

3. I affirm the following:

I have received a copy of the SAM Conflict of Interest policy.

I agree to comply with the policy.

I understand that SAM is charitable and in order to maintain its federal tax exemption it must engage primarily in activities which accomplish one or more of tax-exempt purposes.

4. Disclosures:

a. Do you have a financial interest (current or potential), including a compensation arrangement, as defined in the Conflict of Interest policy with SAM? Yes No

i. If yes, please describe:

ii. If yes, has the financial interest been disclosed, as provided in the Conflict of Interest policy? Yes No

b. In the past, have you had a financial interest, including a compensation arrangement, as defined in the Conflict of Interest policy with SAM? Yes No

i. If yes, please describe including approximate dates:

ii. If yes, has the financial interest been disclosed, as provided in the Conflict of Interest policy? Yes No

5. Are you an independent director, as defined in the Conflict of Interest policy? Yes No

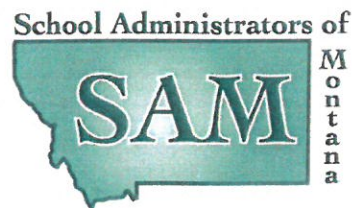
a. If you are not independent, please explain. _____

Signature of Director

Date: _____

Date of Review by Executive Board: _____

SAM Director and Officer Annual Conflict of Interest Statement



1. Name: Richard Lawrence

2. Position:

Are you an Officer? Yes No

If you are an Officer, indicate which position you hold. _____

3. I affirm the following:

YES X
YES X
YES

I have received a copy of the SAM Conflict of Interest policy.

I agree to comply with the policy.

I understand that SAM is charitable and in order to maintain its federal tax exemption it must engage primarily in activities which accomplish one or more of tax-exempt purposes.

4. Disclosures:

a. Do you have a financial interest (current or potential), including a compensation arrangement, as defined in the Conflict of Interest policy with SAM? Yes No

i. If yes, please describe:

ii. If yes, has the financial interest been disclosed, as provided in the Conflict of Interest policy? Yes No

b. In the past, have you had a financial interest, including a compensation arrangement, as defined in the Conflict of Interest policy with SAM? Yes No

i. If yes, please describe including approximate dates:

ii. If yes, has the financial interest been disclosed, as provided in the Conflict of Interest policy? Yes No

5. Are you an independent director, as defined in the Conflict of Interest policy? Yes No

a. If you are not independent, please explain. _____

R L
Signature of Director

Date: 6-15-17

Date of Review by Executive Board: _____

SAM Director and Officer Annual Conflict of Interest Statement



1. Name: Karen Underwood

2. Position:

Are you an Officer? Yes No Sd. Member, NCASE President
If you are an Officer, indicate which position you hold. _____

3. I affirm the following:

A handwritten signature in blue ink, appearing to be "Karen Underwood", is written over a horizontal line.

I have received a copy of the SAM Conflict of Interest policy.
I agree to comply with the policy.
I understand that SAM is charitable and in order to maintain its federal tax exemption it must engage primarily in activities which accomplish one or more of tax-exempt purposes.

4. Disclosures:

a. Do you have a financial interest (current or potential), including a compensation arrangement, as defined in the Conflict of Interest policy with SAM? Yes No

i. If yes, please describe:

ii. If yes, has the financial interest been disclosed, as provided in the Conflict of Interest policy? Yes No

b. In the past, have you had a financial interest, including a compensation arrangement, as defined in the Conflict of Interest policy with SAM? Yes No

i. If yes, please describe including approximate dates:

ii. If yes, has the financial interest been disclosed, as provided in the Conflict of Interest policy? Yes No

5. Are you an independent director, as defined in the Conflict of Interest policy? Yes No

a. If you are not independent, please explain. _____

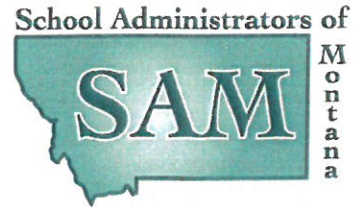
A large, stylized handwritten signature in blue ink, which appears to be "Karen Underwood", is written over a horizontal line.

Signature of Director

Date: 6/15/17

Date of Review by Executive Board: _____

SAM Director and Officer Annual Conflict of Interest Statement



1. Name: Paul Curbert

2. Position:

Are you an Officer? Yes No

If you are an Officer, indicate which position you hold. MASSD VP Elect

3. I affirm the following:

- I have received a copy of the SAM Conflict of Interest policy.
- I agree to comply with the policy.
- I understand that SAM is charitable and in order to maintain its federal tax exemption it must engage primarily in activities which accomplish one or more of tax-exempt purposes.

4. Disclosures:

a. Do you have a financial interest (current or potential), including a compensation arrangement, as defined in the Conflict of Interest policy with SAM? Yes No

i. If yes, please describe:

NO

ii. If yes, has the financial interest been disclosed, as provided in the Conflict of Interest policy? Yes No

b. In the past, have you had a financial interest, including a compensation arrangement, as defined in the Conflict of Interest policy with SAM? Yes No

i. If yes, please describe including approximate dates:

ii. If yes, has the financial interest been disclosed, as provided in the Conflict of Interest policy? Yes No

5. Are you an independent director, as defined in the Conflict of Interest policy? Yes No

a. If you are not independent, please explain. _____

Paul Curbert
Signature of Director

Date: 6/15/2017

Date of Review by Executive Board: _____