

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

1. Name: LAURA B ROBERTS Date: 3/29/17

2. Position:  
Are you a voting Board member? Yes  No   
Are you an Officer? Yes  No   
If you are an Officer, which Officer position do you hold:  
\_\_\_\_\_

3. I affirm the following:  
  
I have received a copy of the TMG Conflict of Interest Policy. LBR (initial)  
I have read and understand the policy. LBR (initial)  
I agree to comply with the policy. LBR (initial)  
I understand that TMG 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. LBR (initial)

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 TMG? Yes  No

    i. If yes, please describe it: \_\_\_\_\_

    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 TMG? Yes  No

    i. If yes, please describe it, including when (approximately): \_\_\_\_\_

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

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

    a. If you are not independent, why? \_\_\_\_\_

Laura B. Roberts  
Signature of board member

Date: 3/29/17

Date of Review by Executive Committee: \_\_\_\_\_