

CONFLICTS OF INTEREST POLICY ACKNOWLEDGMENT

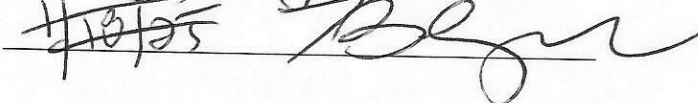
I have read the attached conflicts of interest policy and agree to comply fully with its terms and conditions at all times during my service as a Chaves County Health Council Board member. If at any time following the submission of this form I become aware of any actual or potential conflicts of interest, or if the information provided below becomes inaccurate or incomplete, I will promptly notify the Chaves County Health Council Board of Directors in writing.

Disclosure of Actual or Potential Conflicts of Interest:

Community Engagement Specialist for Molina Healthcare
SOAR Board Member
~~100% Chaves Co Health Co~~
100% Chaves Co Sector Connector
Eddy Co Health Co Board Board Member
With Many Hands People Leader

I acknowledge and agree that my selection for service on the Board and the opportunities made available to me by serving on the Board constitute good and valuable consideration for entering into this agreement, the receipt and sufficiency of which I hereby acknowledge.

Name: Tiffany Bailey Arundoriz

Signature: 

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Name: Emily Gonzalez

Signature: Emily A.

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Name: Evangelina Guerrero
Signature: Evangelina Guerrero

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Disclosure of Actual or Potential Conflicts of Interest:

Caring for Seniors

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Name: Josefa Bolaños

Signature: 1-18-2025

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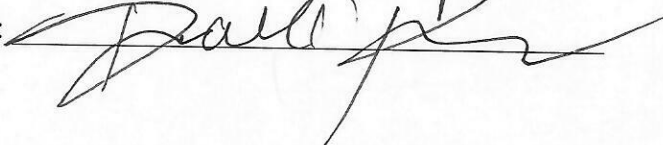
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Disclosure of Actual or Potential Conflicts of Interest:

New Mexico Department of Veteran Services
American Legion Post 28
Together with Veterans
ESGR

I acknowledge and agree that my selection for service on the Board and the opportunities made available to me by serving on the Board constitute good and valuable consideration for entering into this agreement, the receipt and sufficiency of which I hereby acknowledge.

Name: Danielle Thompson

Signature: 

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Disclosure of Actual or Potential Conflicts of Interest:

BOYS & GIRLS CLUBS OF CHAVES & LINCOLN COUNTIES

I acknowledge and agree that my selection for service on the Board and the opportunities made available to me by serving on the Board constitute good and valuable consideration for entering into this agreement, the receipt and sufficiency of which I hereby acknowledge.

Name: RICK LAMB

Signature: 

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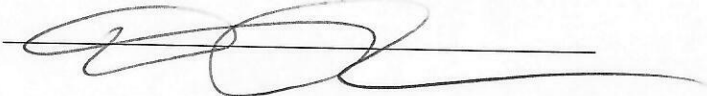
I AM EXECUTIVE DIRECTOR OF ^{100% CHAVES COUNTY} HASEGMA FORWARD, INC.

I AM ON BOARD OF ALIANZA

I AM A TOWN COUNCILOR OF HASEGMA

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Name: Dan Jennings 19 JAN 25

Signature: 

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Disclosure of Actual or Potential Conflicts of Interest:

Employed by Chaves County CASA
Board member of WINCS for Life

I acknowledge and agree that my selection for service on the Board and the opportunities made available to me by serving on the Board constitute good and valuable consideration for entering into this agreement, the receipt and sufficiency of which I hereby acknowledge.

Name: Valerie Lopez
Signature: Valerie Lopez

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Disclosure of Actual or Potential Conflicts of Interest:

Friends of Spring River Zoo

I acknowledge and agree that my selection for service on the Board and the opportunities made available to me by serving on the Board constitute good and valuable consideration for entering into this agreement, the receipt and sufficiency of which I hereby acknowledge.

Name: Kerry Moore
Signature: 