



GLOBAL ACTION TO END SMOKING, INC. CONFLICT OF INTEREST DISCLOSURE STATEMENT

Each Grantee, Grant Reviewer, Service Provider and Consultant of GLOBAL ACTION TO END SMOKING, INC. (the “Organization”), prior to his or her initial election, appointment, retention, or employment and at least annually thereafter, is required to sign and date this Conflict of Interest Disclosure Statement (the “Disclosure Statement”) and return it to the Secretary of the Organization. Terms used but not defined herein have the meanings ascribed to them in the Organization’s Conflict of Interest Policy (the “Policy”).

If you have nothing to report in a particular Schedule, please note that by adding N/A.

The following are, to the best of my knowledge and belief, any and all entities of which I am or any of my Related Parties is an officer, director, trustee, member, owner or employee and with which the Organization has (or is in discussions to have) a relationship:

Name of Entity and Person	Position Held

The following are, to the best of my knowledge and belief, any and all current or proposed transactions in which the Organization is or will be a participant and in which I or one of my Related Parties might have a conflicting interest as described in the Policy:

Transaction	Potential Conflict

The following are, to the best of my knowledge and belief, the entities in which I have had or one of my Related Parties has had an ownership or investment interest, direct or indirect, and that constitute: (i) tobacco and/or nicotine-containing products companies; or (ii) commercial entities involved in the tobacco reduction or cessation field or that otherwise may be affected by the scientific research conducted or funded by the Organization:

Name of Entity and Person	Provide Specific Information Regarding the Nature of the Ownership or Investment Interest



The following identifies, to the best of my knowledge and belief, any past or present financial relationship that I or any of my Related Parties has or has had with the tobacco industry, or with any commercial entity involved in the development and/or commercialization of nicotine-containing products or the tobacco reduction or cessation field, or that otherwise may be affected by the scientific research conducted or funded by the Organization, including but not limited to, salary or wages, remuneration, consulting fees, honoraria, expert testimony fees or speaking engagement fees:

Name of Entity and Person	Nature of Financial Relationship	Date(s) Received

Attach additional pages if necessary.

I acknowledge receipt of a copy of the Policy. I have read and I understand the Policy, and I agree to comply with the Policy. I understand that the Organization is a charitable organization and that to maintain its U.S. federal tax exemption, it must engage primarily in activities that accomplish one or more of its tax-exempt purposes. I that the advantages of the Organization's tax- exempt status benefit the community and not private interests. I acknowledge that failure to adhere to the procedures set forth in the Policy could result in: (i) harm to the Organization; (ii) assessment of penalty taxes and other fines against the Organization, one or more individuals, or both; and (iii) termination of my relationship to the Organization.

To comply with the Policy, I have reported all requested information, if any, on the above schedules. I have disclosed, to the best of my knowledge and belief, any actual and potential conflicts of interest. If any potential conflicts of interest arise after this Disclosure Statement has been completed and returned to the Secretary of the Organization, I immediately will notify Secretary of the Organization and make full disclosure.

By: _____

Print Name: _____

Date: _____