

# FORM 4 MEMORANDUM OF VOTING CONFLICT

DATE ON WHICH VOTE OCCURRED:

\_\_\_\_\_, 19\_\_\_\_

## PART A

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
(LAST) (FIRST) (MIDDLE) (A/C) (NUMBER)  
Address: \_\_\_\_\_  
(STREET) (CITY) (ZIP CODE) (COUNTY)

## PART B

Agency is a unit of [check one]: ( ) State of Florida; ( ) County, City or other Political Subdivision

Name of Agency: \_\_\_\_\_

Position held in Agency: \_\_\_\_\_

## PART C

### MEMORANDUM OF CONFLICT OF INTEREST IN A VOTING SITUATION [Required by Florida Statutes § 112.3143 (1975)]

If you have voted in your official capacity upon any measure in which you had a personal, private, or professional interest which inures to your special private gain or the special private gain of any principal by whom you are retained, please disclose the nature of your interest below.

1. Description of the matter upon which you voted in your official capacity: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Description of the personal, private, or professional interest you have in the above matter which inures to your special private gain or the special private gain of any principal by whom you are retained: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Person or principal to whom the special gain described above will inure:

a. ( ) Yourself b. ( ) Principal by whom you are retained: \_\_\_\_\_  
(NAME)

## PART D

### FILING INSTRUCTIONS

This memorandum must be filed within fifteen (15) days following the meeting during which the voting conflict occurred with the person responsible for recording the minutes of the meeting, who shall incorporate the memorandum in the meeting minutes. This form need not be filed merely to indicate the absence of a voting conflict. Florida law permits but does not require you to abstain from voting when a conflict of interest arises; if you vote, however, the conflict must be disclosed pursuant to the requirements described above.

## PART E

\_\_\_\_\_  
SIGNATURE OF PERSON DISCLOSING

\_\_\_\_\_  
DATE SIGNED

NOTICE: UNDER PROVISIONS OF FLORIDA STATUTES § 112.317 (1975), A FAILURE TO MAKE ANY REQUIRED DISCLOSURE CONSTITUTES GROUNDS FOR AND MAY BE PUNISHED BY ONE OR MORE OF THE FOLLOWING: IMPEACHMENT, REMOVAL OR SUSPENSION FROM OFFICE OR EMPLOYMENT, DEMOTION, REDUCTION IN SALARY, REPRIMAND, OR A CIVIL PENALTY NOT TO EXCEED \$5,000.