
CONFLICT OF INTEREST AND DISCLOSURE FORM

Vendors must disclose the following:

- 1) The name, current position title, and affiliation to Vendor of any officer, director, employee or agent that is also an officer or employee of the Florida Lottery, the State of Florida, or any of its agencies:
 - By checking this box, I certify there are no disclosures to make for this section.

- 2) The name, title and affiliation to Vendor of any state officer or employee who owns, directly or indirectly, an interest of five percent (5%) or more in the Vendor's company or any of its branches or affiliates:
 - By checking this box, I certify there are no disclosures to make for this section.

- 3) The name, title and affiliation to Vendor of any employee, agent, lobbyist, previous employee of the Lottery, or other person, who has received or will receive compensation of any kind, or who has or is required to register under Section 112.3215, Florida Statutes in seeking to influence the actions of the Lottery in connection with this procurement:
 - By checking this box, I certify there are no disclosures to make for this section.

Vendor: _____

Signature of Authorized Representative: _____

Printed Name: _____

Date: _____