



## Prescription Drug Affordability Board

### CONFLICT OF INTEREST FORM

The Prescription Drug Affordability Board (PDAB) asks that you complete this conflict of interest disclosure required in ORS Chapter 244.

This form is due annually or when a conflict is disclosed by a Board Member under ORS 646A.693, or when a conflict is disclosed by a contractor under ORS 244.020. You may wish to retain a copy of this form.

**Instructions:** Please fill in the appropriate box. If a conflict of interest is indicated fill out questions 1 through 4 and include activities occurring currently or during the past year. Return by email to: [pdab@dcbs.oregon.gov](mailto:pdab@dcbs.oregon.gov)

Declaration (check one):

- I confirm that neither I nor any immediate family member nor any business with which I am associated have any personal or business interest in or potential for personal gain from any of the organizations or projects linked to PDAB. I also confirm that the disclosed information is correct and that no other situation of real, potential or apparent conflict of interest is known to me. I undertake to inform the Board Chair of any conflict or potential conflict of which I become aware immediately following any announcement by the Board or the PDAB Staff which may concern me. I also undertake to inform the Board Chair of any change in these circumstances, including – if an issue arises – during the course of my association with PDAB as a Board Member, board staff, contractors, and assigned Assistant Attorneys General.
- I confirm that I or my immediate family member have a financial or other interest in the subject/matter of the work in which I will be involved, which may be considered as constituting a real, potential or apparent conflict of interest.

*If this section is checked please answer the following questions.*

#### 1. Financial Benefit

If you or an Immediate Family Member (see definition below) have a direct or indirect ownership or investment, or can benefit from any person that owns, manufactures, or provides prescription drugs, please note the name of the source, ownership percentage and any income generated from the ownership or investment interest. Financial benefit includes honoraria, fees, stock, the value of the member's or Immediate Family Member's stock holdings and any direct financial benefit deriving from the result or finding of a study, review or determination by or for the board.

Name & Address of Source	Financial Benefit	Received By

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**Immediate Family Member** - Means any person living in the same household as a Board Member, a staff member, and/or a contractor working on behalf of the Board.

Does an income source listed above do business, or could it reasonably be expected to do business, with the public body you wish to serve or over which you may have authority? **Yes**  **No**

Does an income source listed above have a legislative or administrative interest in the public body you wish to serve or over which you may have authority? **Yes**  **No**

**2. SHARED BUSINESS WITH LOBBYIST**

If you or a member of your household shared a partnership, joint venture, or similar substantial economic relationship with a paid lobbyist during the immediately preceding calendar year, or were employed by or employed a paid lobbyist during that time, please list the following: (Note: owning stock in a publicly traded company in which the lobbyist also owns stock is not a relationship which requires disclosure):

Name of Lobbyist	Business Name	Business Type

\_\_\_\_\_  
**Name**
\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature**

**Please return by email to: [pdab@dcbs.oregon.gov](mailto:pdab@dcbs.oregon.gov)**