Tri-County Firesafe Working Group

Conflict of Interest Statement

1.	Name: Lois Olsen	9/4/25 Date:	
2.	B :: .		
	Are you a voting Director? X Yes	No	
	Are you an Officer? X Yes	No	
	If you are an Officer, which Officer position do y	ou hold:	
3.	I affirm the following: I have received a copy of the TCFSWG Conflict I have read and understand the policy.	_ (initial)	
	I agree to comply with the policy. (in	itial)	
	I understand that TCFSWG is charitable and to maintain its federal tax exemption it hust engage		
	primarily in activities which accomplish one or n	nore of tax-exempt purposes. (initial)	
4.	Disclosures: 1. Do you have a financial interest (current or potential), including a compensation arrangement, as defined in the Conflict of Interest policy with TCFSWG?		
	YesXNo		
	i. If yes, please describe it:ii. If yes, has the financial interest be Interest policy?Yes	been disclosed, as provided in the Conflict of	
	 In the past, have you had a financial interest, including a compensation arrangement, as defined in the Conflict of Interest policy with TCFSWG?YesXNo If yes, please describe it, including when (approximately): 		
	ii. If yes, has the financial interest b Interest policy?Yes	peen disclosed, as provided in the Conflict ofNo	
5.	Are you an independent director, as defined in the Conflict of Interest policy?XYesNo		
	1. If you are not independent, why?		
ed by: US	sen	9/4/2025	
1843E	cure of Director/Board Member	Date	
ned by		9/12/2025	
DDRR	B85864AEragutiva Committee (Initial)		
IEV	® by Executive Committee (Initial)	Date	