

DISCLOSURE OF MONETARY INTEREST AND GENERAL NATURE THEREOF

I hereby disclose a conflict of interest for:

Item 02
13 of the agenda dated Aug 6 / 2019
etc

Reason:

Wife's Employer.
North Bay District
Health Unit

Signed:

[Signature]
Signature

Dave Priddy
Print Name

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I hereby disclose a conflict of interest for:

Item _____ of the agenda dated _____.

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