

**DISCLOSURE OF MONETARY INTEREST AND GENERAL NATURE THEREOF**

I hereby disclose a conflict of interest for:

Item 0.1 of the agenda dated Oct 15 / 2019

Reason:  
0.2

Wife Employer.  
North Bay District Health  
Unit

Signed:

[Signature]  
Signature

[Print Name]  
Print Name

**DISCLOSURE OF MONETARY INTEREST AND GENERAL NATURE THEREOF**

I hereby disclose a conflict of interest for:

Item \_\_\_\_\_ of the agenda dated \_\_\_\_\_.

Reason:

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

Signed:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name