

**ANDERSON UNIVERSITY
TRUSTEE DISCLOSURE AND COMPLIANCE STATEMENT**

Name: _____

1. I confirm that I have received and read and will comply with both the spirit and the letter of Anderson University's Conflict of Interest Policy.

2. I confirm that as of today's date, there are no disclosures required to be made by me in accordance with the procedures set forth in the Policy, except _____ (provide details below or indicate "none").

3. I confirm that I will avoid participating in any University decisions in which, by any reasonable standard, it could be said that I (or any affiliate) have any personal financial or other stake in the decision or where other outside influences of any type could influence my independent judgment.

4. Where there is a question regarding any action involving me or any affiliate that could reasonably be construed as a conflict of interest under the policy, I will raise the question in advance with my immediate supervisor.

Anderson University, as owner/operator of radio station WQME, must file ownership information on an annual basis with the Federal Communication Commission. Please confirm the following statements for that purpose:

5. I confirm that I do not own other existing attributable interests in any other broadcast station.

6. I confirm that I do not hold any other ownership interest of 5% or more (whether or not attributable), as well as any corporate officership or directorship, in broadcast, cable, or newspaper entities in the same market or with overlapping signals in the same broadcast service.

Signature

Date

Print Name