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**Annual Ethics Policy Representation by Elected and Appointed Members  
(Annual Report)**

*This form is to be completed annually and signed by all "elected members" of the PMA Board/COGA/A Corp. Board as defined in the Ethics Policy. Upon completion, send it to the General Counsel.*

- I acknowledge I have received a copy of the Ethics Policy for Elected and Appointed Members of the PMA Board, COGA, and the A Corp. Board (*Ethics Policy*).
- I understand it is my responsibility to read and comply with the Ethics Policy and any revisions made to it.
- I understand:
  - I am subject to the Ethics Policy and am required to comply with it.
  - I am responsible for reporting immediately in writing any possible violation of the Ethics Policy that involves me, is reported to me, or that I observe.
  - I am responsible for reporting immediately in writing any whistleblower reports I receive under the Ethics Policy, as well as any other violations of the Ethics Policy I observe.

Initial all of the following statements that apply:

\_\_\_ I am not aware of any violations of the Ethics Policy that involve me or that I have observed in regards to others.

\_\_\_ No employee or elected member has submitted a whistleblower report or a self-report to me that I have not reported already to the General Counsel.

\_\_\_ I am aware of a possible violation of the Ethics Policy that involves me or that I have observed in regards to others. By submitting the information immediately below, I am reporting the alleged violation.

Name of employee, elected member, or organization with the possible violation:

\_\_\_\_\_.  
Facts of the possible violation:

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

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

\_\_\_\_\_  
*Name (Please print)*