DISCLOSURE OF INTERESTS: Check NONE if applicable, or list items to be disclosed.

1. List all occasions during which you or members of your immediate family have received gifts or payments, valued greater than \$100, solely to influence NASS Board decisions.

EXPLANATION:

NONE

2. Do you or any member of your immediate family have any interest that could constitute a conflict of interest or influence your judgment, advice or decisions on behalf of NASS in any way?

EXPLANATION:

NONE

DECLARATION: I declare that the members of my immediate family and I have no affiliations or interests that, when considered with my position in relation to NASS, constitute a conflict of interest, except as specifically disclosed in my responses on this questionnaire.

I agree that I have a continuing duty to report immediately to the Board of Directors all new interests or relationships that constitute a conflict of interest or that affect my ability to exercise impartial, ethical judgment on behalf of NASS.

DATE

SIGNATILIRE

NAME (Please print)

DISCLOSURE OF INTERESTS: Check NONE if applicable, or list items to be disclosed.

1.	List all occasions during which payments, valued greater than	n you or members of your immediate family have received gifts or n \$100, solely to influence NASS Board decisions.
	EXPLANATION:	
		XNONE
2.	Do you or any member of your of interest or influence your ju	immediate family have any interest that could constitute a conflict adgment, advice or decisions on behalf of NASS in any way?
	EXPLANATION:	
		XNONE
tilat, Wi	ATION: I declare that the mem nen considered with my positionally disclosed in my responses of	nbers of my immediate family and I have no affiliations or interests on in relation to NASS, constitute a conflict of interest, except as on this questionnaire.
1 Clation	that I have a continuing duty to ships that constitute a conflict at on behalf of NASS.	report immediately to the Board of Directors all new interests or of interest or that affect my ability to exercise impartial, ethical
1 Augus DATE	t 2025	Robert Z. Kellander SIGNATURE
		NAME (Please print)

DISCLOSURE OF INTERESTS: Check NONE if applicable, or list items to be disclosed.

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	payments, valued greater than \$100, solely to influence NASS Board decisions.

EXPLANATION:

SPELNONE

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EXPLANATION:

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2025-08-01

DATE

SIGNATURE `

SIEVE LE

NAME (Please print)

DISCLOSURE OF INTERESTS: Check NONE if applicable, or list items to be disclosed.

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	payments, valued greater than \$100, solely to influence NASS Board decisions.

EXPLANATION:

M.J.M.NONE

2. Do you or any member of your immediate family have any interest that could constitute a conflict of interest or influence your judgment, advice or decisions on behalf of NASS in any way?

EXPLANATION:

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Joly 31, 2025

DATE

SIGNATURE

IAAAE (Diaaaa maint)

IAME (Please print)