NAME:	TELEPHONE:
NAME OF BOARD, COMMITTEE OR CO	DMMISSION
	77.17.11.00.001
Statement of Incompatible Activities	related to County Duties
related to my duties as a County Of	to enter into, outside employment, business activity or enterprise which is fficer or employee or as a member of a County board, commission, h may be subject to review or approval by a County Officer or employee as
Nature of business or activity	Employer (if applicable)
List duties performed:	
Remarks:	
For additional organizations or information, I am NOT engaged in, or plan to enter i	please include on separate page. nto any activity in conflict with County duties as stated above.
Signature	Date
Statement of Membership in Nonpro	fit Organizations Funded by County – Form 519
☐ I am currently an officer or membe funded by the County:	r of the policy-making board of the following Nonprofit organization(s)
Name of Organization	Status in organization
Specific funding request (if applicable)	
Organization or County Department	Department Head Initials
	Please return completed form to:



Please return completed form to: Clerk of the Board of Supervisors County Administration Center 1600 Pacific Highway, Room 402 San Diego, CA 92101-2471 (619) 531-5600