

## Conflict of Interest/Reference Form for City Board & Commission Appointments

The purpose of this form is to obtain further information for your application for appointment to City boards, commissions, and committees, and to assist the Mayor in making inquiries concerning the qualifications of applicants for appointment. Please note that information provided in this document is public information. Thank you for your interest.

Name: Carol J. Studenmund  
First Middle Initial Last

Mailing Address: 1123 SW Yamhill St. Portland OR 97205

Occupation: Business owner, closed captioner

Daytime Phone: 503-299-0200 Email: Carol@LNS Captioning.com

Please list the board(s), commission(s), and/or committee(s) for which you've applied:

Mount Hood Cable Regulatory Commission

**REFERENCES:** (List two people who may be contacted as references who know about your qualifications and interests.)

Name Ron Buel Relationship friend  
Address 2817 NE 19th, Portland Day Phone 503-368-5731

Name Lee O. Tyler Relationship business colleague  
Address 1123 SW Yamhill Day Phone 503-233-8868

### CONFLICT OF INTEREST

Appointees to the City boards, commissions and committees are subject to confirmation by the Mayor and City Council. One area of inquiry will be whether you or a member of your household may have a conflict of interest between private life and public service. Please complete the following questions to describe potential conflicts that could arise from service on the City board(s), commission(s), and/or committee(s) for which you are under consideration.

List all names not previously provided under which you or members of your household do business. Include the business address and a brief description of the business. (Add rows as needed)

| Name                       | Business Address                 | Description                                   |
|----------------------------|----------------------------------|---|
| <u>LNS Captioning</u>      | <u>1123 SW Yamhill, Portland</u> | <u>Provider of closed captioning services</u> |
| <u>LNS Court Reporting</u> | <u>1123 SW Yamhill, Portland</u> | <u>Freelance closed captioning services</u>   |
| <u>Little No Sign Co.</u>  | <u>1123 SW Yamhill, Portland</u> | <u>Corporate name</u>                         |

List by name any compensated lobbyist with whom you or a member of your household share any direct economic interest such as a partnership, joint venture, or similar substantial economic interest.

Not applicable

Will your business, or any client or customer of your business, be a party to matters which will come before the City Budget Committee?

☐ No

☒ Yes

If yes, please describe:

LNS Captioning provides closed captioning services for the City of Portland. Our contract comes before Council for approval on a five-year basis.

If you, a member of your household, or your business have conducted business with the City of Portland during the immediately preceding calendar year, please describe the nature of the transaction and the amount of money involved. Include professional or service contracts, as well as provision of materials or supplies. (Add rows as needed)

| Type of Transaction  | Amount of Transaction   |
|--|-------------------------|
| Provide closed captioning services to the City of Portland | not to exceed \$212,000 |
|  |                         |
|  |                         |
|  |                         |
|  |                         |

If you or a member of your household is an employee of the City of Portland, please list the bureau or department and the position held. (Add rows as needed)

| Name | Relationship | Bureau/Department | Position |
|------|--------------|-------------------|----------|
|      |              |                   |          |
|      |              |                   |          |
|      |              |                   |          |
|      |              |                   |          |

Do you currently hold elective office? ☒ No ☐ Yes

(Position)

My signature affirms that all information contained herein is true to the best of my knowledge, and that I understand that any misstatement of fact or misrepresentation of credentials may result in this application being disqualified from further consideration.

Signature

Carol Studenmund

Date

11/29/10

Name:

Carol Studenmund

Date:

11/29/10