

## Conflict of Interest Disclosure

An elected officer shall, no sooner than January 1 and no later than January 31 of each year during which the elected officer holds county elective office submit a written conflict of interest disclosure statement to the county clerk (17-16a-13). Responses listed below are per 20A-11-1604(6). Attach additional sheets as necessary.

Name of Regulated Officeholder:
Elected Position of Regulated Officeholder:
Are you <i>currently</i> employed? □ YES □ NO If yes:
Name of Current Employer
Address of Current Employer
Current Employment Job Title/Occupation
Current Employment Job Duties
Were you employed in the <i>previous year</i> ? □ YES □ NO  If different than your current employer:  Preceding Year Employer
Preceding Year Employer Address
Preceding Year Employment Job Title/Occupation
Preceding Year Employment Job Duties
Are you <i>currently</i> an owner or officer of an entity? $\square$ YES $\square$ NO If yes:
Name of the entity
Position/Title of officeholder in entity
Brief description of the type of business or activity conducted by the entity
Were you an owner or officer of an entity in the <i>previous year</i> ? ☐ YES ☐ NO If different than current year: Name of the entity
Position/Title of officeholder in entity
Brief description of the type of business or activity conducted by the entity
Have you received \$5,000 or more in income from an individual or entity during the preceding year?  ☐ YES ☐ NO  If yes:  Individual/Entity Name  Brief description of the type of business or activity conducted by the individual or entity

Do you hold any stocks or bonds having a fair market value of \$5,000 or more as of the date of the disclosure form or during the preceding year (excluding any fund that is managed by a third party including a mutual fund, managed investment account, and blind trusts)?   YES  NO  If yes:  Entity Name  Brief description of the type of business or activity conducted by the entity
Do you currently serve, or did you serve in the prior year, in a paid leadership capacity or in a paid or unpaid position on a board of directors?   YES  NO  If yes:  Entity Name  Type of position held by the regulated officeholder  Brief description of the type of business or activity conducted by the entity
Please describe any real property you hold an ownership or other financial interest in that you believe may constitute a conflict of interest, including a description of the type of interest held. (OPTIONAL)
Name of Regulated Officeholder's Spouse:
Current Employment Job Duties  Was your spouse employed in the <i>previous year</i> ?
Are there any other adults residing in the regulated officeholder's household who are not related by blood or marriage?   YES  NO  If yes:  Other Adult Name:  Other Adult Employer:  Other Adult Occupation/Job Title:

Other Adult Name:Other Adult Employer:Other Adult Occupation/Job Title: A description of any other matter or i conflict of interest (OPTIONAL)		er believes may constitute a
By my signature below, I hereby certi of the conflict or potential conflict of		
Signature:	Date:	