



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: Nate Brooksby

Elected Position of Regulated Officeholder: Sheriff

Are you *currently* 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 *previous year*? 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 *currently* an owner or officer of an entity? YES 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 *previous year*? 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: Kathryn Brooksby

Is your spouse *currently* employed? YES NO

If yes:

Name of Current Employer State of Utah

Address of Current Employer 206 West Tebernacle

Current Employment Job Title/Occupation Juvenile Probation

Current Employment Job Duties Juvenile cases

Was your spouse employed in the *previous year*? 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 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 interest that the regulated officeholder believes may constitute a conflict of interest (OPTIONAL)

By my signature below, I hereby certify, that the foregoing information is a true and accurate disclosure of the conflict or potential conflict of interest with Washington County to the best of my knowledge.



Signature: _____ Date: _____

1/10/2025