



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: Gary L. Christensen

Elected Position of Regulated Officeholder: Recorder

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 _____

None other than Washington County

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 _____

None other than Washington County

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

Stock payment from 2021 stock
sale - Previous Employer

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: _____

Judilyn Christensen

Is your spouse *currently* employed? ☐ YES ☒ NO

If yes:

Name of Current Employer _____

Address of Current Employer _____

Current Employment Job Title/Occupation _____

Current Employment Job Duties _____

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: _____

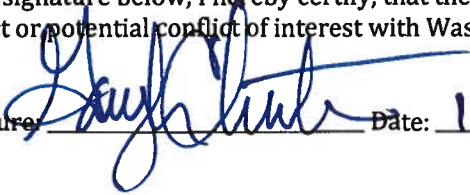
Other Adult Employer: _____

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:

1/9/2025