



## 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: Kenneth Adam Snow\_\_\_\_\_

Elected Position of Regulated Officeholder: Commissioner\_\_\_\_\_

Are you *currently* employed?  YES  NO

If yes:

Name of Current Employer Washington County\_\_\_\_\_

Address of Current Employer 111 E. Tabernacle, St George, UT 84770\_\_\_\_\_

Current Employment Job Title/Occupation Commissioner\_\_\_\_\_

Current Employment Job Duties Commissioner\_\_\_\_\_

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 1) Utah Association of Counties, 2) NACO Western Interstate Region

Board \_\_\_\_\_

Type of position held by the regulated officeholder 1) 2<sup>nd</sup> Vice President, 2) Board of Directors \_\_\_\_\_

Brief description of the type of business or activity conducted by the entity

- 1) Statewide county advocacy organization
- 2) Western region of National Association of Counties advocacy organization

\_\_\_\_\_  
\_\_\_\_\_

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: Joanna Snow \_\_\_\_\_

Is your spouse *currently* employed?  YES  NO

If yes:

Name of Current Employer Washington County School District \_\_\_\_\_

Address of Current Employer 121 W. Tabernacle, St George, UT 84770 \_\_\_\_\_

Current Employment Job Title/Occupation Teacher \_\_\_\_\_

Current Employment Job Duties 4<sup>th</sup> grade teacher \_\_\_\_\_

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 paraprofessional \_\_\_\_\_

Preceding Year Employment Job Duties reading paraprofessional \_\_\_\_\_

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)

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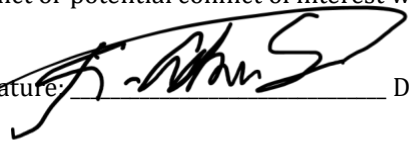
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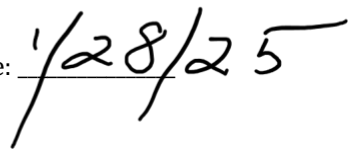
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By my signature below, I hereby certify, that the foregoing information is a true and accurate disclosure of the conflict or potential conflict of interest with Washington County to the best of my knowledge.

Signature: \_\_\_\_\_

A handwritten signature in black ink, appearing to be "J. Adams", written over a horizontal line.

Date: \_\_\_\_\_

A handwritten date "1/28/25" in black ink, written over a horizontal line.