

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: RYAN SULCTUAN
Elected Position of Regulated Officeholder: CLERK- AUDITOR
Are you <i>currently</i> employed? ✓ YES □ NO If yes:
Name of Current Employer WASHINGTON COUNTY
Address of Current Employer III E. TABFENAUE ST.
Current Employment Job Title/Occupation CLERK AND ANDTOR OFFICES
Current Employment Job Duties KUN CZER PAD PALLATOR OFFICES
Were you employed in the <i>previous year</i> ? 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? XYES NO If yes:
Name of the entity DIXTE PROPERTY SOLUTIONS
Position/Title of officeholder in entity PARTNER
Prief description of the type of business or activity conducted by the entity PROPERTY CARE, CLEANING, ETC.
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 years
¥YES □ NO
If yes:
Individual/Entity Name DIXIE PROPERTY SOLUTIONS
Brief description of the type of business or activity conducted by the individual or entity

Name of Regulated Officeholder's Spouse: TRACT SULLIVAN Is your spouse currently employed? YES DO If yes: Name of Current Employer PROPERTY SOLUTIONS Address of Current Employer Property Solution PARTNER Current Employment Job Title/Occupation PARTNER Current Employer at Employer Address Preceding Year Employer Address 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? DYES NO If yes: Other Adult Name: Other Adult 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:
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?	
unpaid position on a board of directors?	
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) Is your spouse currently employed? Is your spouse currently employed? Name of Current Employer Current Employer Current Employment Job Title/Occupation Partner Current Employment Job Duties Proceeding Year Employer Preceding Year Employer Preceding Year Employment Job Duties Preceding Year Employment Job Duties 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? Other Adult Employer: Other Adult Employer: Other Adult Employer:	unpaid position on a board of directors? ☐ YES 🗶 NO If yes:
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: TRACT Sultivariable Sultivariable Trace Spouse: TRACT Sultivariable Spouse: Trace Spouse	Type of position held by the regulated officeholder
Is your spouse currently employed?	Brief description of the type of business or activity conducted by the entity
Name of Regulated Officeholder's Spouse: TRACT SULTIMA Is your spouse currently employed? YES NO If yes: Name of Current Employer PROPERTY SOLUTIONS Address of Current Employer PROPERTY CAPE CURRENT COME TO SELECTION OF THE PROPERTY CAPE CURRENTS OF THE PROPERT	
Is your spouse currently employed?	
If yes: Name of Current Employer	
Name of Current Employer OTXTE PROPERTY SOCUTIONS Address of Current Employer MOCTUE Current Employment Job Title/Occupation PARTNER Current Employment Job Duties Property Care Current Employment Job Duties Property Care Current Employment Job Duties Property Care Current Employment Job Title/Occupation 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? Other Adult Name: Other Adult Employer: Other Adult Emplo	
Current Employment Job Title/Occupation PARTNER Current Employment Job Duties Property Care Current Employment Job Duties Property Care Current Employment Job Duties Property Care Current Employment Job Title/Occupation 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? Other Adult Name: Other Adult Employer:	Name of Current Employer DIXIE PROPERTY SOLUTIONS
Was your spouse employed in the <i>previous year</i> ? 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?	Current Employment Job Title/Occupation PARTNER
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?	Current Employment Job Duties TROPERTY CARE, CLEANING, ETC.
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?	If different than your current employer:
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:	Preceding Year Employer Address
blood or marriage?	Preceding Year Employment Job Duties
Other Adult Occupation/Joh Title:	blood or marriage? 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: 1/15/2025