



# Conflict of Interest Disclosure

Each 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: (a) prepare a written conflict of interest disclosure statement and (b) submit the written disclosure statement to the county clerk. Responses listed below are per UCA 20A-11-1604(6). If there is more than one applicable answer, list all that apply; attach additional sheets as necessary.

Candidate Name: \_\_\_\_\_ Election Position: \_\_\_\_\_

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

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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: Individual/Entity Name \_\_\_\_\_

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

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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: Individual/Entity Name \_\_\_\_\_

Type of position held by the regulated officeholder \_\_\_\_\_

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

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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)

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Name of Regulated Officeholder's Spouse: \_\_\_\_\_

The following questions pertain to the officeholder's spouse. If the officeholder's spouse is an at-risk government employee meeting the requirements of 20A-11-1604(7), the filing officer can redact the following information. Does the filing officer need to redact information per 20A-11-1604(7)?  YES  NO

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 other adults residing in the candidate's household who are not related by blood or marriage?

YES  NO

If yes: Other Adult Name(s): \_\_\_\_\_

If the officeholder believes a conflict exists or may exist because of another adult's residence in the officeholder's household, then provide a brief description of the adult's employment or occupation as well as any other matter or interest that may constitute a conflict of interest:

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A description of any other matter or interest that the regulated officeholder believes may constitute a conflict of interest (OPTIONAL)

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

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