



# Conflict of Interest Disclosure

For each person seeking to become a candidate for a county office or local school board, a conflict of interest disclosure statement shall be filed with the declaration of candidacy. Declaration of candidacy applications may not be accepted without a complete conflict of interest disclosure statement (UCA 17-70-304). Responses listed below are per UCA 20A-11-1604(6). Attach additional sheets as necessary if there are more than one applicable answers, list all that apply; attach additional sheets as necessary.

Candidate Name: David B. Stirland Election Position: Wash. Co School District #

Are you *currently* employed?  YES  NO

If yes: Name of Current Employer Walgreens

Address of Current Employer 1235 W. State, Horeo, WA 98437

Current Employment Job Title/Occupation Pharmacist

Current Employment Job Duties Pharmacy

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 Zion Drug, Inc.

Position/Title of officeholder in entity Pres.

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

Peach Farm

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 Zion Drug, Inc

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

Peash Farm, rental income

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

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

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: \_\_\_\_\_

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 SCIT - Dance teacher

Address of Current Employer 502 S. 1530 W. Hurricane, UT 84737

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:

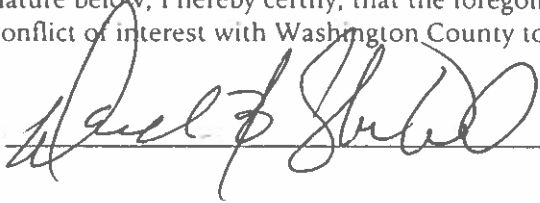
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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:

1-5-26

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