



# 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

---

---

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 \_\_\_\_\_

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:

---

---

---

---

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: \_\_\_\_\_

Washington County is a governmental entity that is subject to the Government Records Access Management Act (GRAMA). Information you provide on an application or form may be subject to GRAMA and available to the public if required by law. If information on the document is classified as private, protected, or controlled, it may be redacted. For more information regarding Washington County's privacy policy, scan the QR code.

