

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?

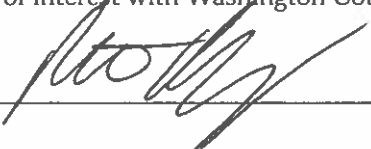
YES NO

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: 11/6/26

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