CONFLICT OF INTEREST
DISCLOSURE STATEMENT

TO: ALL SANPETE COUNTY OFFICERS, BOARD MEMBERS, EMPLOYEES AND VOLUNTEERS (COVERED PERSONS)

FROM: OFFICE OF THE SANPETE COUNTY ATTORNEY

SUBJECT: STATUTORY ETHICAL AND DISCLOSURE REQUIREMENT

All Sanpete County covered persons(1) must be aware of and abide by a Utah law which prohibits, or requires disclosure of certain actual or potential conflicts of interest between public duties and private business interests, if any. The County Officers and Employees Disclosure Act (U.C.A. §§ 17-16a et. seq.) sets the following requirements:

PROHIBITED ACTS:

1. No covered person shall (1) use a County position (2) for private advantage by revealing confidential, controlled, private or protected information gained through that position, (2) use his or her County position to secure special privileges or (3) accept other investment or employment that would reasonably be expected to interfere with the ethical performance of his or her duties. (*U.C.A.17-16a-4, 17-16a-8*).
2. No covered person shall knowingly receive, accept, take, seek or solicit, directly or indirectly, any gift or loan for him or herself or another if (1) the gift or loan would reasonably tend to influence him or her in the performance of official duties, or (2) the donor has been, is, or may become involved in any official county business. Exceptions to subparagraph (2) are occasional non-money gifts of a value less than $50.00; public awards; bona fide business loans; or campaign contributions actually used in a political campaign. (*U.C.A. 17-16a-4*).
3. No covered person, acting in a county position may accept payment for helping a private person or business in any transaction with the county. Payment may be accepted if the transaction is not in the covered person's official capacity and disclosure is made as set forth below. (*U.C.A. 17-16a-5*).
4. A covered person may not be involved with any private business which is regulated by the county, may not be involved in any transaction between their private business interests and the county, and may not be involved in any other actual or potential conflict of interest unless the nature and extent of the private business interest(s)are disclosed below. (*U.C.A. 17-16a-6, 17-16a-7*).

DISCLOSURE:

1. Any covered person who receives payment for helping a private person or business in a transaction with the county must disclose the payment. (*U.C.A. 17-16a-5*).
2. Any covered person involved in a private business which is subject to county regulation must disclose that involvement. If the regulation is made by the agency or board of which the officer or employee is a member, disclosure must be made at each meeting in which the officer's or employee's business is discussed. Such oral disclosures shall be made part of the minutes of the meeting.(*U.C.A. 17-16a-6, 17-16a-7*).
3. Any covered person involved with a private business that does or anticipates doing business with the county must disclose that involvement. (*U.C.A. 17-16a-7*).
4. Any covered person who has a personal business interest of any kind which raises an actual or potential conflict of interest with his or her position must disclose that interest. (*U.C.A. 17-16a-8*).
5. All written disclosures must be sworn statements containing the information required above and be in a form similar to that on the reverse side of this document. All such statements are public records, open to public inspection. All disclosures must be made as follows: Orally in any meeting of a county agency, board or division where a transaction is discussed involving a matter in which the covered person has an interest. In writing when the conflict first arises. The general written disclosure must also be re-filed every January of each year that the outside interest persists. The written disclosure is filed through the covered person's chain of command to the immediate supervisor, department head or elected official and county commission. (*U.C.A. 17-16a-5,17-16a-6, 17-16a-7, 17-16a-8*).

Violation of these provisions may subject the covered person to disciplinary action or criminal prosecution. Please be aware that this document is a shortened and simplified statement of the legal requirements involved in this area. YOUR CONDUCT WILL BE GOVERNED BY THE LAW, NOT THIS REVIEW. Please feel free to direct any questions regarding the law's ethical and disclosure requirements to the Office of the Sanpete County Attorney.

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[1] "Covered person" means any person appointed to any statutory office or position or any other person appointed to any position of employment with Sanpete County. "Covered person" includes, but is not limited to persons serving on special, regular or full-time committees, agencies or boards whether or not such persons are compensated for their services.

[2] "Position" refers to any Sanpete County office, appointment, employment or uncompensated volunteer situation as described in the definition of "covered person."

DISCLOSURE OF PRIVATE BUSINESS INTERESTS

Under the provisions of the County Officers and Employees Disclosure Act U.C.A. §§ 17-16a et. seq., I, the undersigned, under penalties of perjury, make the following statement regarding my private business interests. (*Type or print all information.*)

Covered Person Marilyn Anderson

Position or County Department Gunnison Senior Center

County Phone Number _____

Covered Person's County Address 74w 100n Centerfield UT

Outside institution, entity, private business or person involved _____

_____

Describe covered person's status, employment or investment in the outside institution, entity, private business or personal contact. Describe below the nature of the assistance you are providing to the institution, entity, private business or person named above or describe the nature of the economic interest or employment you hold in the private business. Also, describe the relationship with or transaction between the business, institution, person etc. and Sanpete County. Use more sheets if necessary. (*This disclosure statement will not be accepted as valid unless this section is completed.*)

_____

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_____

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_____

Outside institution, entity, business or person's address and phone number _____

_____

Marilyn Anderson 11-20-25
Covered Person's Signature Date

SUBSCRIBED and SWORN to before me this 20th day of November, 20 25

Jennifer Carlson
NOTARY PUBLIC or COUNTY CLERK, Residing in

Sanpete Utah
County State

Revised 11/25

This statement is a public document. It must be filed with the covered person's immediate supervisor, department head or elected official and the County Commission. It must be filed when the potential conflict arises and re-filed every January, as long as the potential conflict persists.

DISCLOSURE OF PRIVATE BUSINESS INTERESTS

Under the provisions of the County Officers and Employees Disclosure Act U.C.A. §§ 17-16a et. seq., I, the undersigned, under penalties of perjury, make the following statement regarding my private business interests. (*Type or print all information.*)

Covered Person Simone Bean

Position or County Department Senior Nutrition

County Phone Number 435-835-2041

Covered Person's County Address 49 N Main Manti Ut

Outside institution, entity, private business or person involved Spouse works for Snow College

Describe covered person's status, employment or investment in the outside institution, entity, private business or personal contact. Describe below the nature of the assistance you are providing to the institution, entity, private business or person named above or describe the nature of the economic interest or employment you hold in the private business. Also, describe the relationship with or transaction between the business, institution, person etc. and Sanpete County. Use more sheets if necessary. (*This disclosure statement will not be accepted as valid unless this section is completed.*)

Outside institution, entity, business or person's address and phone number 150 College Ave Ephraim 435-283-7000

Simone Bean 11/20/25

Covered Person's Signature Date

SUBSCRIBED and SWORN to before me this 24 day of November, 20 25.

Shannon Peterson

NOTARY PUBLIC or COUNTY CLERK, Residing in

Sanpete Utah

County State

Revised 11/25

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DISCLOSURE OF PRIVATE BUSINESS INTERESTS

Under the provisions of the County Officers and Employees Disclosure Act U.C.A. §§ 17-16a et. seq., I, the undersigned, under penalties of perjury, make the following statement regarding my private business interests. (*Type or print all information.*)

Covered Person Stacey Carlisle

Position or County Department Sr Nutrition Coordinator

County Phone Number 435 835 2131

Covered Person's County Address 160 N Main Suite 202

Outside institution, entity, private business or person involved Stacey Carlisle catering or Carlisle Kitchen, Sanpete County Fairboard Treasurer

Describe covered person's status, employment or investment in the outside institution, entity, private business or personal contact. Describe below the nature of the assistance you are providing to the institution, entity, private business or person named above or describe the nature of the economic interest or employment you hold in the private business. Also, describe the relationship with or transaction between the business, institution, person etc. and Sanpete County. Use more sheets if necessary. (*This disclosure statement will not be accepted as valid unless this section is completed.*)

Owner
Treasurer for the Sanpete County Fairboard

Outside institution, entity, business or person's address and phone number 1640 E 70 S Manti Utah 84642

Stacey Carlisle 12.2.2025
Covered Person's Signature Date

SUBSCRIBED and SWORN to before me this 2nd day of December, 2025

NOTARY PUBLIC or COUNTY CLERK, Residing in

Sanpete County, Ut State

Revised 11/25

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DISCLOSURE OF PRIVATE BUSINESS INTERESTS

Under the provisions of the County Officers and Employees Disclosure Act U.C.A. §§ 17-16a et. seq., I, the undersigned, under penalties of perjury, make the following statement regarding my private business interests. (*Type or print all information.*)

Covered Person Cristi Conner

Position or County Department Nutrition Program

County Phone Number _____

Covered Person's County Address _____

Outside institution, entity, private business or person involved _____

_____

Describe covered person's status, employment or investment in the outside institution, entity, private business or personal contact. Describe below the nature of the assistance you are providing to the institution, entity, private business or person named above or describe the nature of the economic interest or employment you hold in the private business. Also, describe the relationship with or transaction between the business, institution, person etc. and Sanpete County. Use more sheets if necessary. (*This disclosure statement will not be accepted as valid unless this section is completed.*)

Family dollar assistant Manager

Outside institution, entity, business or person's address and phone number _____

_____

Cristi Conner 11-2025

Covered Person's Signature Date

SUBSCRIBED and SWORN to before me this 20th day of November, 2025.

NOTARY PUBLIC or COUNTY CLERK, Residing in

Sanpete Utah

County State

Revised 11/25

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DISCLOSURE OF PRIVATE BUSINESS INTERESTS

Under the provisions of the County Officers and Employees Disclosure Act U.C.A. §§ 17-16a et. seq., I, the undersigned, under penalties of perjury, make the following statement regarding my private business interests. (*Type or print all information.*)

Covered Person Traci Dymond

Position or County Department Moroni Senior nutrition

County Phone Number 436-8275

Covered Person's County Address Moroni

Outside institution, entity, private business or person involved

Describe covered person's status, employment or investment in the outside institution, entity, private business or personal contact. Describe below the nature of the assistance you are providing to the institution, entity, private business or person named above or describe the nature of the economic interest or employment you hold in the private business. Also, describe the relationship with or transaction between the business, institution, person etc. and Sanpete County. Use more sheets if necessary. (*This disclosure statement will not be accepted as valid unless this section is completed.*)

Outside institution, entity, business or person's address and phone number

Traci Dymond Nov. 20, 2025
Covered Person's Signature Date

SUBSCRIBED and SWORN to before me this 24 day of November, 2025.

Shamya Peterson
NOTARY PUBLIC or COUNTY CLERK, Residing in

Sanpete Utah
County State

Revised 11/25

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DISCLOSURE OF PRIVATE BUSINESS INTERESTS

Under the provisions of the County Officers and Employees Disclosure Act U.C.A. §§ 17-16a et. seq., I, the undersigned, under penalties of perjury, make the following statement regarding my private business interests. (*Type or print all information.*)

Covered Person Terra Hammond

Position or County Department Moroni Senior Center / Cook

County Phone Number 435-436-8275

Covered Person's County Address 805 200 West

Outside institution, entity, private business or person involved

Describe covered person's status, employment or investment in the outside institution, entity, private business or personal contact. Describe below the nature of the assistance you are providing to the institution, entity, private business or person named above or describe the nature of the economic interest or employment you hold in the private business. Also, describe the relationship with or transaction between the business, institution, person etc. and Sanpete County. Use more sheets if necessary. (*This disclosure statement will not be accepted as valid unless this section is completed.*)

Outside institution, entity, business or person's address and phone number

Covered Person's Signature

11-20-25
Date

SUBSCRIBED and SWORN to before me this 24 day of November, 2025.

Shanise Peterson
NOTARY PUBLIC or COUNTY CLERK, Residing in

Sanpete
County

Utah
State

Revised 11/25

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DISCLOSURE OF PRIVATE BUSINESS INTERESTS

Under the provisions of the County Officers and Employees Disclosure Act U.C.A. §§ 17-16a et. seq., I, the undersigned, under penalties of perjury, make the following statement regarding my private business interests. (*Type or print all information.*)

Covered Person Ember Olsen

Position or County Department manti senior center

County Phone Number 435-835-2041

Covered Person's County Address 49 N main manti UT 84642

Outside institution, entity, private business or person involved

Describe covered person's status, employment or investment in the outside institution, entity, private business or personal contact. Describe below the nature of the assistance you are providing to the institution, entity, private business or person named above or describe the nature of the economic interest or employment you hold in the private business. Also, describe the relationship with or transaction between the business, institution, person etc. and Sanpete County. Use more sheets if necessary. (*This disclosure statement will not be accepted as valid unless this section is completed.*)

Outside institution, entity, business or person's address and phone number

Covered Person's Signature — Date: 11.19.25

SUBSCRIBED and SWORN to before me this 24 day of November, 2025.

STATE OF UTAH COUNTY CLERK SANPETE COUNTY

NOTARY PUBLIC or COUNTY CLERK, Residing in

Sanpete County — Utah State

Revised 11/25

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DISCLOSURE OF PRIVATE BUSINESS INTERESTS

Under the provisions of the County Officers and Employees Disclosure Act U.C.A. §§ 17-16a et. seq., I, the undersigned, under penalties of perjury, make the following statement regarding my private business interests. (*Type or print all information.*)

Covered Person Jennifer Payne

Position or County Department Site Manager Manti Senior Nutrition

County Phone Number 435-835-2041

Covered Person's County Address 49 N Main

Outside institution, entity, private business or person involved Jennifer Payne, Jenny's Sweet Sensations - N&B dance studio salina Utah

Describe covered person's status, employment or investment in the outside institution, entity, private business or personal contact. Describe below the nature of the assistance you are providing to the institution, entity, private business or person named above or describe the nature of the economic interest or employment you hold in the private business. Also, describe the relationship with or transaction between the business, institution, person etc. and Sanpete County. Use more sheets if necessary. (*This disclosure statement will not be accepted as valid unless this section is completed.*)

I, Jenny Payne have a in home Baking Business I do on the side. I have not been doing to much of it lately though. I don't advertise just take orders by friends & family. Help w/ dance camps & recitals.

Outside institution, entity, business or person's address and phone number Jenny's Sweet SenSations 29 E 800 S Ephraim, UT 4352533038

Jennifer Payne 12/17/25
Covered Person's Signature Date

SUBSCRIBED and SWORN to before me this 17 day of December, 2025

NOTARY PUBLIC or COUNTY CLERK, Residing in

Sanpete County Utah
County State

Revised 11/25

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DISCLOSURE OF PRIVATE BUSINESS INTERESTS

Under the provisions of the County Officers and Employees Disclosure Act U.C.A. §§ 17-16a et. seq., I, the undersigned, under penalties of perjury, make the following statement regarding my private business interests. (*Type or print all information.*)

Covered Person Shannon Kay Smith

Position or County Department Driver/Site Manager Moroni Senior Center

County Phone Number 435-436-8275

Covered Person's County Address Moroni Utah

Outside institution, entity, private business or person involved

Describe covered person's status, employment or investment in the outside institution, entity, private business or personal contact. Describe below the nature of the assistance you are providing to the institution, entity, private business or person named above or describe the nature of the economic interest or employment you hold in the private business. Also, describe the relationship with or transaction between the business, institution, person etc. and Sanpete County. Use more sheets if necessary. (*This disclosure statement will not be accepted as valid unless this section is completed.*)

Skay Designs - Craft fairs in the County Sewing

Outside institution, entity, business or person's address and phone number

Covered Person's Signature — Date 11/20/25

SUBSCRIBED and SWORN to before me this 20th day of November, 2025.

NOTARY PUBLIC or COUNTY CLERK, Residing in

Sanpete County — Utah State

Revised 11/25

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DISCLOSURE OF PRIVATE BUSINESS INTERESTS

Under the provisions of the County Officers and Employees Disclosure Act U.C.A. §§ 17-16a et. seq., I, the undersigned, under penalties of perjury, make the following statement regarding my private business interests. (*Type or print all information.*)

Covered Person Kimberly Thornberg

Position or County Department Senior Nutrition Program - Commission

County Phone Number _____

Covered Person's County Address 21080 N. 10870 E. Mt. Pleasant, UT 84647

Outside institution, entity, private business or person involved None

Describe covered person's status, employment or investment in the outside institution, entity, private business or personal contact. Describe below the nature of the assistance you are providing to the institution, entity, private business or person named above or describe the nature of the economic interest or employment you hold in the private business. Also, describe the relationship with or transaction between the business, institution, person etc. and Sanpete County. Use more sheets if necessary. (*This disclosure statement will not be accepted as valid unless this section is completed.*)

Outside institution, entity, business or person's address and phone number _____

Covered Person's Signature 11-2025 Date

SUBSCRIBED and SWORN to before me this 24 day of November, 2025.

Shanya Peterson
NOTARY PUBLIC or COUNTY CLERK, Residing in

Sanpete County, Utah State

Revised 11/25

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