

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 persons¹ 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-1 et. seq.) sets the following requirements:

PROHIBITED ACTS:

1. No covered person shall (1) use a County position² 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.

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 (use one form for each outside business entity, institution or person involved.)

Under the provisions of the County Officers and Employees Disclosure Act U.C.A. §§ 17-16a-1 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 ZAC BENCH	Position or County Department Deputy Assessor	County Phone Number 435-835-2111
Covered Person's County Address 160 N main		
Outside institution, entity, private business or person involved N/A		
Describe covered person's status, employment or investment in the outside institution, entity, private business or personal contact		
Outside institution, entity, business or person's address and phone number		

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.)*

Zachary Bench 1/23/25
Covered Person's Signature Date

SUBSCRIBED and SWORN to before me this 23 day of January, 2025

[Signature]
NOTARY PUBLIC or COUNTY CLERK, Residing in



Sanpete Utah
County State

DISCLOSURE OF PRIVATE BUSINESS INTERESTS (use one form for each outside business entity, institution or person involved.)

Under the provisions of the County Officers and Employees Disclosure Act U.C.A. §§ 17-16a-1 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 <u>LISA BLACK</u>	Position or County Department <u>ASSESSOR</u>	County Phone Number <u>435 835-2111</u>
Covered Person's County Address <u>160 N MAIN</u>		
<u>MANTI UT</u>		
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		
Outside institution, entity, business or person's address and phone number		

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.)*

Lisa Black 1-27-25
 Covered Person's Signature Date

SUBSCRIBED and SWORN to before me this 27 day of January, 20 25



Zachary Bench
 NOTARY PUBLIC for COUNTY CLERK, Residing in

Sanpete
 County

Utah
 State

DISCLOSURE OF PRIVATE BUSINESS INTERESTS (use one form for each outside business entity, institution or person involved.)

Under the provisions of the County Officers and Employees Disclosure Act U.C.A. §§ 17-16a-1 et. seq., I, the undersigned, under penalties of perjury, make the following statement regarding my private business interests. *(Type or print all information.)*

DAVID EDWARDS	ASSESSOR	435-835-2111
Covered Person	Position or County Department	County Phone Number
160 NORTH MAIN		
Covered Person's County Address		
NONE		
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		
N/A		
Outside institution, entity, business or person's address and phone number		

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.)*

NONE

David E Edwards 1/27/2025
 Covered Person's Signature Date

SUBSCRIBED and SWORN to before me this 27 day of January, 2025

Zachary Bench
 NOTARY PUBLIC or COUNTY CLERK, Residing in



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DISCLOSURE OF PRIVATE BUSINESS INTERESTS (use one form for each outside business entity, institution or person involved.)

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Covered Person	Position or County Department ASSESSOR	County Phone Number 435-835-2111
Julie Johnson		
Covered Person's County Address		
160 N main St		
Outside institution, entity, private business or person involved		
N/A		
Describe covered person's status, employment or investment in the outside institution, entity, private business or personal contact		
Outside institution, entity, business or person's address and phone number		

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.)*


 Covered Person's Signature

1/23/25
 Date

SUBSCRIBED and SWORN to before me this 23 day of January, 20 25.



Sanpete
 NOTARY PUBLIC or COUNTY CLERK, Residing in

Sanpete County Utah State

DISCLOSURE OF PRIVATE BUSINESS INTERESTS (use one form for each outside business entity, institution or person involved.)

Under the provisions of the County Officers and Employees Disclosure Act U.C.A. §§ 17-16a-1 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 KEITH LARSEN	Position or County Department ASSESSOR	County Phone Number 435 835-2111
Covered Person's County Address 1600 MAIN	K LARSEN FARM, C-TECH SALES, LARSEN PRICE LIVESTOCK LLC	
MANTI UT 84627		
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		
Outside institution, entity, business or person's address and phone number	(435) 851-6032	

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.)*

Keith Larsen 1/23/2025
 Covered Person's Signature Date

SUBSCRIBED and SWORN to before me this 23 day of January, 2025.



[Signature]
 NOTARY PUBLIC or COUNTY CLERK, Residing in
Sanpete UT
 County State

DISCLOSURE OF PRIVATE BUSINESS INTERESTS (use one form for each outside business entity, institution or person involved.)

Under the provisions of the County Officers and Employees Disclosure Act U.C.A. §§ 17-16a-1 et. seq., I, the undersigned, under penalties of perjury, make the following statement regarding my private business interests. *(Type or print all information.)*


Mandy Rees	Assessor	435-835-2111
Covered Person	Position or County Department	County Phone Number
160 N Main		
Covered Person's County Address		
AFSP		
Outside institution, entity, private business or person involved		
Volunteer		
Describe covered person's status, employment or investment in the outside institution, entity, private business or personal contact		
385-497-1080		
Outside institution, entity, business or person's address and phone number		

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 Covered Person's Signature 1-23-25
Date

SUBSCRIBED and SWORN to before me this 23 day of January, 20 25.




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Sanpete Utah
 County State