



# Conflict of Interest Disclosure

An 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 submit a written conflict of interest disclosure statement to the county clerk ([17-70-304](#)). Responses listed below are per [20A-11-1604\(6\)](#). Attach additional sheets as necessary.

Name of Regulated Officeholder: Cody Black Position: Sheriff

Are you *currently* employed? ☒ YES ☐ NO

If yes:

Name of Current Employer Beaver County

Address of Current Employer 2270 S Sheriff Dale E Nelson Dr

Current Employment Job Title/Occupation Sheriff

Current Employment Job Duties Public Safety

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 CVB Investments LLC

Position/Title of officeholder in entity Owner

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

Rental Property Leasing  
\_\_\_\_\_  
\_\_\_\_\_

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 CVB Investments LLC

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

Rental income from properties  
\_\_\_\_\_  
\_\_\_\_\_

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:

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:

Entity Name IGBK Task Force, UT Compact Council, 5th Dist Victims Rights

Type of position held by the regulated officeholder Board Member

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

Advisory Board Member

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: Shelly Black

Is your spouse *currently* employed? ☒ YES ☐ NO

If yes:

Name of Current Employer Self / Chevron

Address of Current Employer 65 E Center / 680 W 1800 S Beaver, UT 84713

Current Employment Job Title/Occupation Owner / Cashier

Current Employment Job Duties Run a cleaning business / Cashier

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 any other adults residing in the regulated officeholder's household who are not related by blood or marriage? ☐ YES ☒ NO

If yes:

Other Adult Name: \_\_\_\_\_

Other Adult Employer: \_\_\_\_\_

Other Adult Occupation/Job Title: \_\_\_\_\_

Other Adult Name: \_\_\_\_\_

Other Adult Employer: \_\_\_\_\_

Other Adult Occupation/Job Title: \_\_\_\_\_

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 Beaver County to the best of my knowledge.

Signature: \_\_\_\_\_

Date: 01-05-25

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