



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: Dunn Alisa Jr. Position: SGT Corrections Officer

Are you *currently* employed? ☒ YES ☐ NO

If yes:

Name of Current Employer BCSO

Address of Current Employer 22709. 625 W. BEAVER UT 84713

Current Employment Job Title/Occupation SGT Corrections Officer

Current Employment Job Duties oversee inmates, programming,

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:

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 _____

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: _____

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

If yes:

Name of Current Employer Beaver Medical Clinic

Address of Current Employer 1059 N. 100 W. Beaver, UT 84713

Current Employment Job Title/Occupation Front Desk

Current Employment Job Duties Schedule Appts + Referrals

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: [Signature]

Date: Jun. 5th 2020

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