



# 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: Wade Hollingshead Position: Commissioner

Are you *currently* employed?  YES  NO

If yes:

Name of Current Employer Bmc

Address of Current Employer 10540 W. 600 W. Beaver Ut 84713

Current Employment Job Title/Occupation Nurse practitioner

Current Employment Job Duties Provider

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 Wade Hollingshead PC.

Position/Title of officeholder in entity President

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

Health care provider

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 Bmc, Beaver County

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

Health care provider, Commissioner

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 Mail to Shine

Address of Current Employer Beaver mt 84703

Current Employment Job Title/Occupation House maid

Current Employment Job Duties Cleaning

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: Wade H. H. H.

Date: 1-6-25

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