



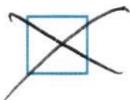
Conflict of Interest Disclosure Form

Date: 1/9/2026

Name: AMBER GIBBS

Position (Officer/Board Member/Committee member) _____

Please describe below any relationships, transactions, positions you hold (volunteer or otherwise), or circumstances that you believe could contribute to a conflict of interest between Wasatch County and your personal interests, financial or otherwise:



I have no conflict of interest to report



I have the following conflict of interest to report (please specify other county, nonprofit, and for-profit boards you (and your spouse) sit on, any for-profit businesses for which you or an immediate family member are an officer, manager or director, or a majority shareholder, and the name of your employer and any businesses you or a family member own):

1. _____

2. _____

3. _____

I hereby certify that the information set forth above is true and complete to the best of my knowledge. I agree to abide by the County's Conflict of Interest Policy by refraining to vote on or be a party to a discussion on any issue that raises a conflict of interest as described above. I understand that failure to disclose conflicts of interest may result in public scrutiny and board action.

Signature: Amber Gibbs

Printed Name: AMBER GIBBS

E-mail Address: ambergibbs@yahoo.com

