

DISCLOSURE STATEMENT

**NOTICE OF COMPENSATION FOR ASSISTANCE IN TRANSACTION INVOLVING
MILLARD COUNTY**

20 25

Utah Code Annotated, Section 17-16a-13

STATE OF UTAH)
 : ss.
COUNTY of MILLARD)

The undersigned, Kristine Camp
145 S 100 W. Fillmore, UT 84631
(Name and address)

herby gives notice pursuant to Section 17-16a-13, of Utah Code Annotated, as to the following:

A. The name and address of each of the undersigned's current employers and each of the undersigned employers during the preceding year:

Millard County

B. A brief description of the employment described in section (A), including the undersigned's occupation and job title:

Chief Deputy Treasurer, Treasurer

C. The name of the undersigned's spouse and any other adult residing in the undersigned's household who is not related by blood or marriage, as applicable:

Carl Camp

D. The name and address of each of the undersigned's spouse's current employers and each of the undersigned employers during the preceding year:

State of Utah - Territorial Statehouse State Park Museum

E. A brief description of the employment and occupation of each adult who resides in the undersigned's household and is not related to the undersigned by blood or marriage.

None

F. For each entity in which the undersigned is an owner or officer: the name of the entity, a brief description of the type of business or activity conducted by the entity, and the regulated officeholder's position in the entity:

NONE

G. A list of each individual, from whom, or entity, from which, the undersigned has received \$5,000 or more in income during the preceding year: the name of the individual or entity and a brief description of the type of business or activity conducted by the individual or entity.

rental property - but no conflict of interest

H. For each entity in which the undersigned holds 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, but excluding funds that are managed by a third party, including blind trusts, managed investment accounts, and mutual funds: the name of the entity and a brief description of the type of business or activity conducted by the entity:

None

I. For each entity not listed above, in which the undersigned currently serves, or served in the preceding year, in a paid leadership capacity or in a paid or unpaid position on a board of directors: the name of the entity or organization, a brief description of the type of business or activity conducted by the entity, and the type of position held by the undersigned:

NONE

J. (Optional) A description of any real property in which the regulated officeholder holds an ownership or other financial interest that the regulated officeholder believes may constitute a conflict of interest, including a description of the type of interest held by the regulated officeholder in the property:

None

K. (Optional) A description of any other matter or interest that the regulated officeholder believes may constitute a conflict of interest

NONE

The undersigned believes this form to be true and accurate to the best of the undersigned's knowledge.

DATED this 8 day of January, 2025

Kyustine Camp
Signature

SWORN TO this _____ day of _____, 20__

Notary Public/Clerk