

DISCLOSURE STATEMENT

ANNUAL CONFLICT OF INTEREST DISCLOSURE  
MILLARD COUNTY  
2026

Amended 1/7/26  
2:41 pm

Utah Code Annotated, Section 17-70-509

STATE OF UTAH )  
: ss.  
COUNTY of MILLARD )

The undersigned,

Shauna Nelson  
415 E 450 N. Delta, UT 84624  
(Name and address)

herby gives notice pursuant to Section 17-70-509, 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:

Intermountain Health - DOA

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

Home Health: Hospice Nurse

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:

Bill J. Nelson

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:

Delta Valley Trucking

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.

# Truck Driver

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:

n/a

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.

n/a

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:

n/a

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:

n/a

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:

n/a

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

Son-in-law is ~~my~~ and <sup>Deputy</sup> County Attorney

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

DATED this 1/5/26 day of January, 2026

Shauna Nelson  
Signature

SWORN TO this 5 day of January, 2026

Magi Roff  
Notary Public/Clerk