



Elected Officer's Annual Written Conflict of Interest Disclosure Statement

Pursuant to Utah Codes § 10-3-1313 and § 20A-11-1604(6)

Officeholder (Name): *Michael Meyer*

Office: - *Candidate Filing*

Note: Please attach separate sheet(s) for any additional information in response to numbers 1-8 below.

1. Employment Information - {20A-11-1604 (6)(b) and (6)(c)}

Provide the name(s) and address(es) of each of your current employer(s) and name(s) and address(es) of each of your employers during the preceding year. For each employer described, include a brief description of the employment, including your occupation, and, as applicable, job title.

- **Current Employer(s):**

Name: *UTAH COUNTY*

Address: *315 S. 100 E. Provo UT*

Job Title/Description: *Assistant Clinical Coordinator*

- ^{*Current*} **Previous Employer(s):**

☐ Same above

Name: *Arcadia Counseling*

Address: *360 S. 670 W. Lindon UT*

Job Title/Description: *Therapist*

2. Ownership or Officer Positions - {20A-11-1604 (6)(d)}

Provide the name of any entity in which you are or were an owner or officer during the preceding year and a brief description of the type of business or activity conducted by the entity(ies), as well as your position in the entity(ies).

- Entity Name: ~~*MACRAE Holdings*~~
- Business Activity Description: ~~*Real Estate*~~
- Position Held: ~~*Manager/Owner*~~

3. Sources of Income - {20A-11-1604 (6)(e)}

During the preceding year, did you receive \$5,000 or more in income from an individual or entity? NO (If yes, please list all below)

- Source (Individual or Entity) Name:
- Business Activity Description:

4. Investments - {20A-11-1604 (6)(f)}

List below the name of each entity in which 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 funds that are managed by a third party, including blind trusts, managed investment accounts, and mutual funds) and a brief description of the type of business or activity conducted by the entity(ies).

- Entity Name: *Principal Financial Group*
- Business Activity Description: *Insurance*

5. Board Memberships (paid or unpaid positions on Board(s)) - {20A-11-1604 (6)(g)}

List the name of each entity or organization not described in items 2 through 4 of this form in which you currently serve, or served in the preceding year, on the board of directors or in any other type of paid or unpaid leadership capacity, and include a brief description of the type of business or activity conducted by the entity(ies) or organizations(s), along with your advisory position held within the entity(ies) or organization(s).

- Entity/Organization Name:
- Business Activity Description:
- Position Held:

6. Real Property Interests of Conflict (Optional)- {20A-11-1604 (6)(h)}

Description of any real property in which you hold an ownership or other financial interest that you believe may constitute a conflict of interest and the type of interest you hold in the property(ies) described.

- Property Description:
- Type of Interest Held:

7. Household Information - {20A-11-1604 (6)(i), (6)(j), and (6)(k)}

List the name(s) of your spouse and any other adult residing in your household who is not related by blood or marriage, as applicable. For your spouse, include the name(s) and

address(es) of each current employer(s) and name(s) and address(es) of each employer(s) during the preceding year. For other adult household members include a brief description of the employment and occupation of each adult who resides in your household and is not related by blood or marriage.

- Spouse's Name: ANGELA MEYERS

Spouse's Current Year Employer(s):

Name:

Address:

Spouse's Previous Year Employer(s) (preceding year):

☐ Same as above

Name:

Address:

- Other Adult Household Members (not related by blood or marriage):

Name:

Other Adult's Employment Information:

Occupation:

Brief Employment Description:

8. Additional Interests of Conflict (Optional)- {20A-11-1604 (6)(l)}

Provide a description of any other matter or interest that you believe may constitute a conflict of interest.

- Description:

STATEMENT- {20A-11-1604 (6)(m), (6)(n), and (6)(o)}

- ☐ I, the regulated officeholder, believe this form is true and accurate to the best of my knowledge. (Check box)

Signature:

Date: 06-05-2025