

TOWN OF MANILA CONFLICT OF INTEREST DISCLOSURE FORM

Annual conflict of interest disclosure

All officers of the Town of Manila must make the following disclosures annually according to the Ut Code Annotated 17-16a-6, 7, and 8. Per the Utah Code, the information provided shall be kept on fi with the Town Clerk for the Town of Manila and may be subject to disclosure to the public.					
William RYLANDER am the duly elected/appointed					

Town Council of the Town of Manila.
A: EMPLOYMENT:
Elected Officers must disclose any additional secondary employment between January 1 and Januar 31 of each preceding year an elected Officer holds office.
1. Name and address of the Elected Officer's current employer and any former employer(s) during the preceding year: Current Employer(s): Canyon HamcCare & Haspiec Previous Employer(s): Retriked
2. A brief description of the employment, including the Elected Officer's occupation and job title: Current Employer(s): Home Care 3 Haspice Registered Nurse Previous Employer(s): Fatires
B: HOLDING OFFICE OR OWNERSHIP IN A BUSINESS ENTITY:
Elected Officers who hold office or an ownership interest in an entity during the preceding year must disclose:
1. Name of the entity(ies): CANYON HOME CARE & HASPIRE
2. A description of the bysiness, or activity conducted by the entity(ies): Homz Care? Hospiez
3. The elected Officer's position in the entity(ies): Town Course

C: INDIVIDUALS OR ENTITIES FROM WHICH THE ELECTED OFFICER RECEIVED \$5,000 OR MORE IN INCOME DURING THE PRECEDING YEAR:

	cted Officers who received \$5,000 or more of income from another individual or entity during the eceding year must disclose:
1.	Name of the individual or entity:
2.	A brief description of the type of business or activity conducted by the individual or entity:
<u>D:</u>	SHAREHOLDER OWNERSHIP:
faii yea	cted Officers must disclose each entity in which the Officer holds any stocks or bonds having a market value of \$5,000 or more as of the date of the disclosure form or during the preceding ar but excluding funds that are managed by a third party, including blind trusts, managed estment accounts, and mutual funds. Please provide:
1.	Name of the entity(ies): ~/A
2.	s to the transfer or activity conducted by the entity(jes):
<u>E: /</u>	AFFILIATIONS WITH OTHER ENTITIES:
ele	r each entity or organization not listed in Subsections A. through D. of this form, in which the ected officer currently serves, or served in the preceding year, in a paid leadership capacity or a did or unpaid position on a board of directors:
1.	Name of the entity(ies): Town Councilian Planning & Zoning
2.	A brief description of the type of business or activity conducted by the entity(ies):
3.	Type of position held by the Elected Officer: Caurelland PLAN & CHAIRMAN
<u>F: </u>	FAMILY AND COHABITANT DISCLOSURE:
Ele ad	ected Officers are required to disclose the name of the Elected Officer's spouse and any other ult residing in the Elected Officer's household who is not related by blood or marriage:
1.	The Elected Officer's spouse: COLLEW KYCANDER

2.	Other adults who reside in the household:
Sp	For the Elected Officer's spouse, 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: ouse's Current Employer(s): Reviews ouse's Previous Employer(s):
4.	For all other adults who reside at the household of the elected Officer, but are not related by blood or marriage, provide a brief description of their employment and occupation:
G:	OPTIONAL DISCLOSURES:
to t	e following disclosures of other business interests, investments, and other matters are not required to be deep law but are made with the intent to more fully disclose other interests that may be deemed relevant the administration of public duties, or in furtherance of my intent to provide more complete disclosure of economic or personal activities, or for other reasons: Home Care Hospice Registered Nurse
pub hav	I understand this Conflict-of-Interest form is public information and shall be available for the olic to review under the Utah Government Records Access and Management Act. The information I be provided on this form is true and accurate to the best of my knowledge.
Offi	cer Signature Date
Tow	n Clerk CORPORATE Spall

			*