



**Elected Officer's Annual
Written Conflict of Interest Disclosure Statement
Pursuant to Utah Codes § 10-3-1313 and § 20A-11-1604(6)**

Officeholder: Amanda Lake

Office: Recorder / Clerk

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: Orangeville City
Address: 25 N. Main St. Orangeville, Ut. 84537
Job Title/Description: Recorder / Clerk

• **Previous Employer(s):**

Same as above

Name: _____

Address: _____

Job Title/Description: _____

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: Orangeville City
- Business Activity Description: City Business
- Position Held: City Recorder / Clerk

occupation of each adult who resides in your household and is not related by blood or marriage.

- Spouse's Name: Jeremy Lake

Spouse's Current Year Employer(s):

Name: Emery County Sheriff's Office

Address: 1850 N. 550 W., Castle Dale, Ut. 84537

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

Same as above

Name: _____

Address: _____

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

- Name: N/A

- Other Adult's Employment Information:

- Occupation: _____

- Brief Employment Description: _____

8. Additional Interests of Conflict (Optional) - {20A-11-1604 (6)(1)}

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

- Description: None

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: Amanda Lake

Date: 1/16/25