

## Annual Conflict of Interest Disclosure Statement

I, Beau Thomas (name) am a Trustee of North Pointe Solid Waste Special Service District.

The following disclosures are required to be made annually by all Trustees of the District pursuant to Utah Code [§67-16-16](#). If additional space is needed, please use a separate sheet of paper. Per statute, the information provided shall be kept on file with the District, provided to the lieutenant governor, and an electronic copy of this statement posted on the District's website.

Personal Information	
Full Name of Trustee	Beau Gatlin Thomas
Name of Trustee's spouse (if any)	Megan Thomas
Name of each adult residing in the Trustee's household but not related by blood or marriage (if any)	N/A

Employment from the Preceding Year (List any employers during the preceding year)	
Employer Name	Lehi City
Employer Address	153 n 100 e Lehi Utah 84043
Job Title/Occupation	Deputy City Administrator
Brief Description of Employment	oversee about 1/3 of City Departments
Employer Name	n/a
Employer Address	n/a
Job Title/Occupation	n/a
Brief Description of Employment	n/a

Affiliated Entities (List each entity of which the Trustee is an owner or officer during the preceding year)	
Entity Name	Noth Pointe Solid West District NUERA
Description of Business/Activity Conducted	Board Member
Trustee's Position in the Entity	Board Member
Entity Name	n/a

Description of Business/Activity Conducted	n/a
Trustee's Position in the Entity	n/a

**Investment Interests** (List any entity in which the Trustee holds stocks or bonds with a fair market value equal to or greater than \$5,000, valued either at present or within the prior year. This excludes funds managed by a third party, such as blind trusts, managed investment accounts and mutual funds.)

Entity Name	n/a
Description of Business/Activity Conducted by the Entity	n/a
Entity Name	n/a
Description of Business/Activity Conducted by the Entity	n/a

**Other Income** (List each individual or entity from whom the Trustee received \$5,000 or more in income during the preceding year. Note that if the Trustee provides goods or services to multiple customers or clients as part of a business and licensed profession, the Trustee is only required to provide this information in relation to the entity or practice through which the Trustee provides the goods and services and is not required to provide information about the Trustee's individual customers or clients.)

Entity/Individual Name	n/a
Description of Business/Activity Conducted by the Entity/Individual	n/a
Entity/Individual Name	n/a
Description of Business/Activity Conducted by the Entity/Individual	n/a

**Entity Leadership Positions** (List each entity not listed above for which the Trustee is currently or in the preceding year was either in a paid leadership capacity or in a paid or unpaid position on a board of directors)

Entity Name	n/a
Description of Business/Activity Conducted by the Entity	n/a
Type of Position Held	n/a
Entity Name	n/a
Description of Business/Activity Conducted by the Entity	n/a
Type of Position Held	n/a

Spouse Employment During the Preceding Year	
Employer Name	NeuroRestorative
Employer Address	13747 S Redwood Rd
Job Title/Occupation	CNA Coordinator
Brief Description of Employment	Manage CNAs
Employer Name	n/a
Employer Address	n/a
Job Title/Occupation	n/a
Brief Description of Employment	n/a

Affiliated Adult Employment (Complete for each adult residing in Trustee's household but is not related by blood or marriage)	
Affiliated Adult's Name	n/a
Job Title/Occupation	n/a
Brief Description of Employment	n/a
Affiliated Adult's Name	n/a
Job Title/Occupation	n/a
Brief Description of Employment	n/a

\*\*\* OPTIONAL DISCLOSURES \*\*\*

Real Property (At your option, the Trustee may describe any real property in which the Trustee holds an ownership or other financial interest that the Trustee believes may constitute a conflict of interest)	
Description of Property and Type of Interest Held	n/a
Description of Property and Type of Interest Held	n/a
Other Matters or Interests (At your discretion, the Trustee may describe any other matter or interest that the Trustee believes may constitute a conflict of interest)	

By signing this form, I affirm that the information provided above is true and accurate to the best of my knowledge. I understand that it is my responsibility to disclose any potential conflicts of interest and that failure to comply with the disclosure requirements may result in a civil fine or other penalties.

Signed: \_\_\_\_\_

Position: \_\_\_\_\_

Date: \_\_\_\_\_



Board Member

1-21-25

Please sign and deliver by hand to North Pointe's District office or scan a signed copy to [neil.northpointe@gmail.com](mailto:neil.northpointe@gmail.com) by January 31, 2025