



CONFLICT OF INTEREST DISCLOSURE STATEMENT

Under the provisions of the Municipal Officers' and Employees Ethics Act U.C.A. §§10-3-1313 et. seq. I, the undersigned, make the following statement regarding any conflicts of interest. *(Type or print all information.)*

Regulated Officeholder's Name
Justin Donald Seely

Name and Address of each of the Regulated Officeholder's Current Employers and Employers for the Preceding Year
State of Utah: Division of Juvenile Justice and Youth Services: 2021 South State Street, Provo Ut. 84606 Central Valley Medical Center: Hospice and Home Health: 152 west 1500 North, Nephi, Ut. 84648

For Each Employer in the Previous Box, Provide a Brief Description of the Employment, Including the Regulated Officeholder's Occupation and Job Title
Statewide Employment Coordinator Utah 2020-Present In my capacity as Statewide Employment Coordinator, I collaborate extensively with businesses to establish job opportunities for youth transitioning back into the community upon the successful completion of their adjudicated sentences within the juvenile justice system and long-term care facilities. Hospice Social Worker: Collaborate closely with patients and their families to provide emotional support as they navigate the challenges associated with a terminal diagnosis. Additionally, offer assistance to families during the grieving process following the loss of their loved ones.

For Each Entity in Which the Regulated Officeholder is an Owner or Officer, or was an Owner or Officer During the Preceding Year Provide: 1) The Name of the Entity; 2) A Brief Description of the Type of Business or Activity Conducted by the Entity; and 3) The Regulated Officeholder's Position in the Entity
NA: I don't own or am I an officer of any business



For Each Individual from Whom, or Entity from Which, the Regulated Officeholder has received \$5,000 or More in Income During the Preceding Year Provide the Following: 1) The Name of the Individual or Entity; and 2) A Brief Description of the Type of Business or Activity conducted by the Individual or Entity.

NA

For Each Entity in Which the Regulated Officeholder 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, Provide the Following: 1) The Name of the Entity; and 2) A Brief Description of the Type of Business or Activity conducted by the Entity.

NA

For Each Entity Not Listed Above in Which the Regulated Officeholder 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, Provide the Following: 1) The Name of the Entity or Organization; 2) A Brief Description of the Type of Business or Activity conducted by the Entity; and 3) The Type of Position Held by the Regulated Officeholder

Unpaid Board of Directors, Utah Municipal Power Agency, Member City (Nephi) of the UMPA
Unpaid Board of Directors, A board member of The McGee Project is responsible for overseeing a nonprofit organization dedicated to delivering prevention presentations conducted by the founder, Court McGee.



(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

NA

List the Regulated Officeholder's Spouse's Name and the Name(s) of Any Other Adult(s) Residing in the Household Who is/are Not Related by Blood or Marriage (if needed, include additional names on separate sheets of paper).

Spouse's name:	Stacy K. Seely
Other adult's name:	Other adult's name:
Other adult's name:	Other adult's name:
Other adult's name:	Other adult's name:

For the Regulated Officeholder's Spouse, the Name and Address of Each of Their Current Employers and Each of the Employers During the Preceding Year

Stacy K. Seely: 48 West 1500 North Nephi Ut 84648

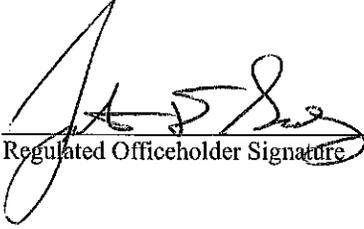
A Brief Description of the Employment and Occupation of Each Adult who: 1) Resides in the Regulated Officeholder's Household; and 2) Is Not Related to the Regulated Officeholder by Blood or Marriage

Stacy Seely: Medical secretary

(Optional) A Description of Any Other Matter or Interest that the Regulated Officeholder Believes May Constitute a Conflict of Interest



I believe that this form is true and accurate to the best of my knowledge.


Regulated Officeholder Signature

1-21-2025

Date