Yellowstone County
Auditor's Office

Conflict of Interest Affidavit

Due: August 31 of each year per Conflict of Interest Policy #93-04; and MCA 2-2-201 thru 207 and 7-5-2106

The Auditor's Office is responsible for sending the Affidavit of Conflict of Interest Form to county officials who may have ability to expend county funds with businesses in which they may have a conflict of interest. The list of officials for which I obtained affidavits is below. Individual affidavits are attached.

ELECTED OFFICIALS and DIVISION HEADS	
Title	**Name**
County Attorney	Scott Twito, Amy Tolzien, Linnea Forseth, Steve Williams, Melissa Williams, Alyssa Peterson, Caitlin Kuczynski
Auditor	Jeff Martin
Clerk of District Court	Terry Halpin
Clerk and Recorder	Jeff Martin
Commissioner	Mike Waters
Commissioner	Mark Morse
Commissioner	Chris White
Justice Court	Jeanne Walker, David Carter, Kelsey Langford
Sheriff	Kent O'Donnell, Robert Lester, Brandon Smart, Matt Sandquist
Treasurer	Hank Peters

APPOINTED POSITIONS	
Title	**Name**
Elections	Dana Causby
Extension	Roni Baker
Facilities	Ed Sweeney, Cody Silvesan
Finance	Jen Jones, Russell Burton
General & Emergency Services	Derek Yeager
Information Technology	Larry Ziler
MetraPark	Stoney Field, Tim Goodridge, Cody Reitz, Billie Chase, Tim Wombolt, Craig Peterson, Darren Bayliss, David Roth, Mike Groscop
Human Resources	Kevin Gillen
Public Works	Monica Plecker, Andy Dean, Jay Anderson, Adam Lauwers
Purchasing	Jared Gavin
Weed Control Superintendent	Joe Lockwood
Youth Services Center Director	Sam Bofto

Date: July 29, 2026

To: County Elected Officials and Department Heads

From: Tanya McWilliams, Yellowstone County Deputy Auditor

In order to ensure compliance with County's Conflict of Interest Policy #93-04; and MCA 2-2-201 thru 207 and 7-5-2106; and to complete footnote disclosure for the County's financial statements, it is necessary that Yellowstone County obtain a notarized affidavit and maintain a "Related Party List".

A related party is defined, in part, as an immediate family member (self, mother, father, daughter, son, spouse, sister, brother) who is an owner, a manager, or director of an entity that the County does business with.

An official that may have a related party transaction(s) may not constitute, in itself, illegality in any way, or cancellation of those related party transactions.

Please answer the following questions, sign, date, and return the letter to the Auditor's Office by **08/29/26**. If you have more than one related party to report, please make additional copies of this letter. If you do not have any related parties to report, please sign the affidavit, date, get form notarized, and return this letter. Thank you.

1. Do you have an immediate family member that is an owner, manager, or director of an entity that the County does business with? (Yes/No/N/A)) NO.

2. What is the name of the entity? N/A

3. What is the name of the immediate family member and what is their relationship to you? N/A

4. What is the capacity/title of the family member at the entity? N/A

5. Do you, having County supervisory/purchasing authority, conduct business with the above named entity on behalf of the County? (Yes/No) N/A

I have read and am aware of my responsibilities under §§ 2-2-201 to -207, MCA as an elected .official and/or department head, Commissioners have additional conflict of interest conduct rules under §§ 7-5-2106 MCA. I will not have any personal interest in sales or purchases made by me in my official capacity. To the best of my knowledge, I have not violated any part of these statutes during the past year in my capacity as a Yellowstone County Officer.

Name (please print) Scott Twito

Signature _____ Date: 07.29.26

STATE OF MONTANA :County of Yellowstone

This record was acknowledged before me on July 29, 2026 by Scott Twito

AMY TOLZIEN NOTARIAL SEAL STATE OF MONTANA

AMY TOLZIEN
NOTARY PUBLIC for the
State of Montana
Residing at Billings, Montana
My Commission Expires
December 5, 2028

_____
Notary Public for the State of Montana

Date: July 29, 2026

To: County Elected Officials and Department Heads

From: Tanya McWilliams, Yellowstone County Deputy Auditor

In order to ensure compliance with County's Conflict of Interest Policy #93-04; and MCA 2-2-201 thru 207 and 7-5-2106; and to complete footnote disclosure for the County's financial statements, it is necessary that Yellowstone County obtain a notarized affidavit and maintain a "Related Party List".

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2. What is the name of the entity? N/A

3. What is the name of the immediate family member and what is their relationship to you? N/A

4. What is the capacity/title of the family member at the entity? N/A

5. Do you, having County supervisory/purchasing authority, conduct business with the above named entity on behalf of the County? (Yes/No) N/A

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Name (please print) Amy Tolzien

Signature_____ Date: 07.29.26

STATE OF MONTANA :County of Yellowstone

This record was acknowledged before me on July 29, 2026 by Amy Tolzien

CARLY ZELL NOTARIAL SEAL STATE OF MONTANA

CARLY ZELL
NOTARY PUBLIC for the
State of Montana
Residing at Billings, Montana
My Commission Expires
November 7, 2026

Notary Public for the State of Montana

Date: July 29, 2026

To: County Elected Officials and Department Heads

From: Tanya McWilliams, Yellowstone County Deputy Auditor

In order to ensure compliance with County's Conflict of Interest Policy #93-04; and MCA 2-2-201 thru 207 and 7-5-2106; and to complete footnote disclosure for the County's financial statements, it is necessary that Yellowstone County obtain a notarized affidavit and maintain a "Related Party List".

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2. What is the name of the entity?
   _____.
3. What is the name of the immediate family member and what is their relationship to you?
   _____.
4. What is the capacity/title of the family member at the entity?
   _____.
5. Do you, having County supervisory/purchasing authority, conduct business with the above named entity on behalf of the County? (Yes/No) _____

I have read and am aware of my responsibilities under §§ 2-2-201 to -207, MCA as an elected .official and/or department head, Commissioners have additional conflict of interest conduct rules under §§ 7-5-2106 MCA. I will not have any personal interest in sales or purchases made by me in my official capacity. To the best of my knowledge, I have not violated any part of these statutes during the past year in my capacity as a Yellowstone County Officer.

Name (please print) Linnea Forseth

Signature Linnea Forseth Date: 7/30/26

STATE OF MONTANA :County of Yellowstone

This record was acknowledged before me on July 30th, 2026 by Linnea Forseth

LISA J. RUSSELL NOTARIAL SEAL STATE OF MONTANA

LISA J. RUSSELL
NOTARY PUBLIC
for the State of Montana
Residing at Billings, Montana
My Commission Expires
April 1, 2030

Lisa J. Russell
Notary Public for the State of Montana

Date: July 29, 2026

To: County Elected Officials and Department Heads

From: Tanya McWilliams, Yellowstone County Deputy Auditor

In order to ensure compliance with County's Conflict of Interest Policy #93-04; and MCA 2-2-201 thru 207 and 7-5-2106; and to complete footnote disclosure for the County's financial statements, it is necessary that Yellowstone County obtain a notarized affidavit and maintain a "Related Party List".

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3. What is the name of the immediate family member and what is their relationship to you? N/A.
4. What is the capacity/title of the family member at the entity? N/A.
5. Do you, having County supervisory/purchasing authority, conduct business with the above named entity on behalf of the County? (Yes/No) N/A

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Name (please print) Steve William

Signature _____ Date: 10/28/26

STATE OF MONTANA :County of Yellowstone

~~This record was acknowledged before me~~ on 10-28-2026 by Rebecca Ries

REBECCA ANNE RIES NOTARIAL SEAL STATE OF MONTANA
REBECCA ANNE RIES
NOTARY PUBLIC
for the State of Montana
Residing at Billings, Montana
My Commission Expires
April 30, 2029

_____
Notary Public for the State of Montana

Date: July 29, 2026

To: County Elected Officials and Department Heads

From: Tanya McWilliams, Yellowstone County Deputy Auditor

In order to ensure compliance with County's Conflict of Interest Policy #93-04; and MCA 2-2-201 thru 207 and 7-5-2106; and to complete footnote disclosure for the County's financial statements, it is necessary that Yellowstone County obtain a notarized affidavit and maintain a "Related Party List".

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2. What is the name of the entity?
   N/A.
3. What is the name of the immediate family member and what is their relationship to you?
   N/A.
4. What is the capacity/title of the family member at the entity?
   N/A.
5. Do you, having County supervisory/purchasing authority, conduct business with the above named entity on behalf of the County? (Yes/No) No (N/A)

I have read and am aware of my responsibilities under §§ 2-2-201 to -207, MCA as an elected .official and/or department head, Commissioners have additional conflict of interest conduct rules under §§ 7-5-2106 MCA. I will not have any personal interest in sales or purchases made by me in my official capacity. To the best of my knowledge, I have not violated any part of these statutes during the past year in my capacity as a Yellowstone County Officer.

Name (please print) Melissa A. Williams

Signature _____ Date: 7/29/26

STATE OF MONTANA :County of Yellowstone

This record was acknowledged before me on July 29, 2026 by Rebecca Ries

REBECCA ANNE RIES NOTARY PUBLIC for the State of Montana Residing at Billings, Montana My Commission Expires April 30, 2029

Notary Public for the State of Montana

Date: July 29, 2026

To: County Elected Officials and Department Heads

From: Tanya McWilliams, Yellowstone County Deputy Auditor

In order to ensure compliance with County's Conflict of Interest Policy #93-04; and MCA 2-2-201 thru 207 and 7-5-2106; and to complete footnote disclosure for the County's financial statements, it is necessary that Yellowstone County obtain a notarized affidavit and maintain a "Related Party List".

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Name (please print) Alyssa Peterson

Signature Alyssa Peterson Date: 7/30/26

STATE OF MONTANA :County of Yellowstone
This record was acknowledged before me on August 3, 2026

WENDY A. BLAND NOTARIAL SEAL STATE OF MONTANA

WENDY A. BLAND
NOTARY PUBLIC for the
State of Montana
Residing at Billings, Montana
My Commission Expires
August 16, 2027

Notary Public for the State of Montana Wendy Bland

Date: July 29, 2026

To: County Elected Officials and Department Heads

From: Tanya McWilliams, Yellowstone County Deputy Auditor

In order to ensure compliance with County's Conflict of Interest Policy #93-04; and MCA 2-2-201 thru 207 and 7-5-2106; and to complete footnote disclosure for the County's financial statements, it is necessary that Yellowstone County obtain a notarized affidavit and maintain a "Related Party List".

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2. What is the name of the entity?
   N/A.
3. What is the name of the immediate family member and what is their relationship to you?
   N/A.
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   N/A.
5. Do you, having County supervisory/purchasing authority, conduct business with the above named entity on behalf of the County? (Yes/No) NO

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Name (please print) Caitlin Kuczynski

Signature Caitlin Kuczynski Date: 8-3-26

STATE OF MONTANA :County of Yellowstone

This record was acknowledged before me on

WENDY A. BLAND NOTARIAL SEAL by STATE OF MONTANA

WENDY A. BLAND
NOTARY PUBLIC for the State of Montana
Residing at Billings, Montana
My Commission Expires August 16, 2027

Notary Public for the State of Montana

Date: July 29, 2026

To: County Elected Officials and Department Heads

From: Tanya McWilliams, Yellowstone County Deputy Auditor

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Name (please print) JEFF MARTIN

Signature [signature] Date: 7/29/26

STATE OF MONTANA :County of Yellowstone

This record was acknowledged before me on 7-29-2026 by Jeff Martin

TERI REITZ NOTARIAL SEAL STATE OF MONTANA
TERI REITZ
NOTARY PUBLIC
for the State of Montana
Residing at Billings, Montana
My Commission Expires
February 27, 2030

[signature]
Notary Public for the State of Montana

Date: July 29, 2026

To: County Elected Officials and Department Heads

From: Tanya McWilliams, Yellowstone County Deputy Auditor

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Name (please print) Terry Halpin

Signature [signature] Date: 7/28/2026

STATE OF MONTANA :County of Yellowstone

This record was acknowledged before me on July 28, 2026 by Terry Halpin

VALERIE L C MILLER
NOTARY PUBLIC for the
State of Montana
Residing at Billings, Montana
My Commission Expires
April 02, 2028

[signature]
Notary Public for the State of Montana

Date: July 29, 2026

To: County Elected Officials and Department Heads

From: Tanya McWilliams, Yellowstone County Deputy Auditor

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Name (please print) Michael J. Waters

Signature [signature] Date: 7/30/2026

STATE OF MONTANA :County of Yellowstone

This record was acknowledged before me on 7/30/26 by Michael J. Waters

ERIKA GUY NOTARIAL SEAL STATE OF MONTANA

ERIKA GUY
NOTARY PUBLIC
for the State of Montana
Residing at Laurel, Montana
My Commission Expires
February 14, 2030

[signature]
Notary Public for the State of Montana

Date: July 29, 2026

To: County Elected Officials and Department Heads

From: Tanya McWilliams, Yellowstone County Deputy Auditor

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Name (please print) Mark Morse

Signature [signature] Date: 07.30.2026

STATE OF MONTANA :County of Yellowstone

This record was acknowledged before me on 7/30/26 by Mark Morse

ERIKA GUY NOTARIAL SEAL STATE OF MONTANA

ERIKA GUY
NOTARY PUBLIC
for the State of Montana
Residing at Laurel, Montana
My Commission Expires
February 14, 2030

[signature]
Notary Public for the State of Montana

Date: July 29, 2026

To: County Elected Officials and Department Heads

From: Tanya McWilliams, Yellowstone County Deputy Auditor

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Name (please print) Chris White

Signature [signature] Date: 7-30-26

STATE OF MONTANA :County of Yellowstone

This record was acknowledged before me on 7/30/26 by Chris White

ERIKA GUY NOTARIAL SEAL STATE OF MONTANA

ERIKA GUY
NOTARY PUBLIC
for the State of Montana
Residing at Laurel, Montana
My Commission Expires
February 14, 2030

[signature]
Notary Public for the State of Montana

Date: July 29, 2026

To: County Elected Officials and Department Heads

From: Tanya McWilliams, Yellowstone County Deputy Auditor

In order to ensure compliance with County's Conflict of Interest Policy #93-04; and MCA 2-2-201 thru 207 and 7-5-2106; and to complete footnote disclosure for the County's financial statements, it is necessary that Yellowstone County obtain a notarized affidavit and maintain a "Related Party List".

A related party is defined, in part, as an immediate family member (self, mother, father, daughter, son, spouse, sister, brother) who is an owner, a manager, or director of an entity that the County does business with.

An official that may have a related party transaction(s) may not constitute, in itself, illegality in any way, or cancellation of those related party transactions.

Please answer the following questions, sign, date, and return the letter to the Auditor's Office by **08/29/26**. If you have more than one related party to report, please make additional copies of this letter. If you do not have any related parties to report, please sign the affidavit, date, get form notarized, and return this letter. Thank you.

1. Do you have an immediate family member that is an owner, manager, or director of an entity that the County does business with? (Yes/No/N/A)) N/A.
2. What is the name of the entity? N/A.
3. What is the name of the immediate family member and what is their relationship to you? N/A.
4. What is the capacity/title of the family member at the entity? N/A.
5. Do you, having County supervisory/purchasing authority, conduct business with the above named entity on behalf of the County? (Yes/No) _____

I have read and am aware of my responsibilities under §§ 2-2-201 to -207, MCA as an elected .official and/or department head, Commissioners have additional conflict of interest conduct rules under §§ 7-5-2106 MCA. I will not have any personal interest in sales or purchases made by me in my official capacity. To the best of my knowledge, I have not violated any part of these statutes during the past year in my capacity as a Yellowstone County Officer.

Name (please print) Jeanne M. Walker

Signature Jeanne M. Walker Date: 8/17/2026

STATE OF MONTANA :County of Yellowstone

This record was acknowledged before me on Aug. 17, 2026 by Jeanne M. Walker

KELSEY LANGFORD
Notary Public for the
State of Montana
Residing at BILLINGS, MT
My Commission Expires
April 8, 2030

Notary Public for the State of Montana

Date: July 29, 2026

To: County Elected Officials and Department Heads

From: Tanya McWilliams, Yellowstone County Deputy Auditor

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1. Do you have an immediate family member that is an owner, manager, or director of an entity that the County does business with? (Yes/No/N/A)) NO.
2. What is the name of the entity?
   NA.
3. What is the name of the immediate family member and what is their relationship to you?
   NA.
4. What is the capacity/title of the family member at the entity?
   NA.
5. Do you, having County supervisory/purchasing authority, conduct business with the above named entity on behalf of the County? (Yes/No) NO

I have read and am aware of my responsibilities under §§ 2-2-201 to -207, MCA as an elected .official and/or department head, Commissioners have additional conflict of interest conduct rules under §§ 7-5-2106 MCA. I will not have any personal interest in sales or purchases made by me in my official capacity. To the best of my knowledge, I have not violated any part of these statutes during the past year in my capacity as a Yellowstone County Officer.

Name (please print) David A. Carter

Signature [signature] Date: 7/29/26

STATE OF MONTANA :County of Yellowstone

This record was acknowledged before me on 7/29/26 by David A. Carter

KELSEY LANGFORD
Notary Public for the
State of Montana
Residing at BILLINGS, MT
My Commission Expires
April 8, 2030

[signature]
Notary Public for the State of Montana

Date: July 29, 2026

To: County Elected Officials and Department Heads

From: Tanya McWilliams, Yellowstone County Deputy Auditor

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1. Do you have an immediate family member that is an owner, manager, or director of an entity that the County does business with? (Yes/No/N/A)) N
2. What is the name of the entity?
   N/a
3. What is the name of the immediate family member and what is their relationship to you?
   N/a
4. What is the capacity/title of the family member at the entity?
   N/a
5. Do you, having County supervisory/purchasing authority, conduct business with the above named entity on behalf of the County? (Yes/No) No

I have read and am aware of my responsibilities under §§ 2-2-201 to -207, MCA as an elected .official and/or department head, Commissioners have additional conflict of interest conduct rules under §§ 7-5-2106 MCA. I will not have any personal interest in sales or purchases made by me in my official capacity. To the best of my knowledge, I have not violated any part of these statutes during the past year in my capacity as a Yellowstone County Officer.

Name (please print) Kelsey Langford

Signature _____ Date: 7/30/26

STATE OF MONTANA :County of Yellowstone

This record was acknowledged before me on 7/30/26 by Kelsey Langford

AMANDA HEIMANN
Notary Public for the
State of Montana
Residing at BILLINGS, MT
My Commission Expires
April 2, 2030

_____
Notary Public for the State of Montana

Date: July 16, 2025

To: County Elected Officials and Department Heads

From: Tanya McWilliams, Yellowstone County Deputy Auditor

In order to ensure compliance with County's Conflict of Interest Policy #93-04; and MCA 2-2-201 thru 207 and 7-5-2106; and to complete footnote disclosure for the County's financial statements, it is necessary that Yellowstone County obtain a notarized affidavit and maintain a "Related Party List".

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1. Do you have an immediate family member that is an owner, manager, or director of an entity that the County does business with? (Yes/No/N/A)) NO.
2. What is the name of the entity?
   N/A.
3. What is the name of the immediate family member and what is their relationship to you?
   N/A.
4. What is the capacity/title of the family member at the entity?
   N/A.
5. Do you, having County supervisory/purchasing authority, conduct business with the above named entity on behalf of the County? (Yes/No) N/A

I have read and am aware of my responsibilities under §§ 2-2-201 to -207, MCA as an elected .official and/or department head, Commissioners have additional conflict of interest conduct rules under §§ 7-5-2106 MCA. I will not have any personal interest in sales or purchases made by me in my official capacity. To the best of my knowledge, I have not violated any part of these statutes during the past year in my capacity as a Yellowstone County Officer.

Name (please print) Kent O'Donnell

Signature _____ Date: 8-7-26

STATE OF MONTANA :County of Yellowstone

This record was acknowledged before me on Aug 7th 2024 by Christine Herman

CHRISTINE HERMAN
NOTARY PUBLIC for the
State of Montana
Residing at
Shepherd, Montana
My Commission Expires
January 06, 2030

_____
Notary Public for the State of Montana

Date: July 29, 2026

To: County Elected Officials and Department Heads

From: Tanya McWilliams, Yellowstone County Deputy Auditor

In order to ensure compliance with County's Conflict of Interest Policy #93-04; and MCA 2-2-201 thru 207 and 7-5-2106; and to complete footnote disclosure for the County's financial statements, it is necessary that Yellowstone County obtain a notarized affidavit and maintain a "Related Party List".

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1. Do you have an immediate family member that is an owner, manager, or director of an entity that the County does business with? (Yes/No/N/A) No
2. What is the name of the entity? N/A
3. What is the name of the immediate family member and what is their relationship to you? N/A
4. What is the capacity/title of the family member at the entity? N/A
5. Do you, having County supervisory/purchasing authority, conduct business with the above named entity on behalf of the County? (Yes/No) No

I have read and am aware of my responsibilities under §§ 2-2-201 to -207, MCA as an elected .official and/or department head, Commissioners have additional conflict of interest conduct rules under §§ 7-5-2106 MCA. I will not have any personal interest in sales or purchases made by me in my official capacity. To the best of my knowledge, I have not violated any part of these statutes during the past year in my capacity as a Yellowstone County Officer.

Name (please print) Robert L. Lester

Signature _____ Date: 9-10-2026

STATE OF MONTANA :County of Yellowstone

This record was acknowledged before me on 9/10/26 by Robert L. Lester

CAROL REDLER NOTARIAL SEAL STATE OF MONTANA

CAROL REDLER
NOTARY PUBLIC for the State of Montana
Residing at Billings, Montana
My Commission Expires May 7, 2027

Carol Redler
Notary Public for the State of Montana

Date: July 29, 2026

To: County Elected Officials and Department Heads

From: Tanya McWilliams, Yellowstone County Deputy Auditor

In order to ensure compliance with County's Conflict of Interest Policy #93-04; and MCA 2-2-201 thru 207 and 7-5-2106; and to complete footnote disclosure for the County's financial statements, it is necessary that Yellowstone County obtain a notarized affidavit and maintain a "Related Party List".

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1. Do you have an immediate family member that is an owner, manager, or director of an entity that the County does business with? NO
2. What is the name of the entity? N/A
3. What is the name of the immediate family member and what is their relationship to you? N/A
4. What is the capacity/title of the family member at the entity? N/A
5. Do you, having County supervisory/purchasing authority, conduct business with the above named entity on behalf of the County? N/A

I have read and am aware of my responsibilities under §§ 2-2-201 to -207, MCA as an elected .official and/or department head, Commissioners have additional conflict of interest conduct rules under §§ 7-5-2106 MCA. I will not have any personal interest in sales or purchases made by me in my official capacity. To the best of my knowledge, I have not violated any part of these statutes during the past year in my capacity as a Yellowstone County Officer.

Name (please print) Brandon Smart

Signature _____ Date: 9-10-26

STATE OF MONTANA :County of Yellowstone
This record was acknowledged before me on 9/10/26 by Brandon Smart

BRENT JOHNSON NOTARIAL SEAL STATE OF MONTANA
BRENT JOHNSON
NOTARY PUBLIC for the
State of Montana
Residing at Billings, Montana
My Commission Expires
April 7, 2028

_____
Notary Public for the State of Montana

Date: July 29, 2026

To: County Elected Officials and Department Heads

From: Tanya McWilliams, Yellowstone County Deputy Auditor

In order to ensure compliance with County's Conflict of Interest Policy #93-04; and MCA 2-2-201 thru 207 and 7-5-2106; and to complete footnote disclosure for the County's financial statements, it is necessary that Yellowstone County obtain a notarized affidavit and maintain a "Related Party List".

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1. Do you have an immediate family member that is an owner, manager, or director of an entity that the County does business with? (Yes/No/N/A)) NO.
2. What is the name of the entity? —.
3. What is the name of the immediate family member and what is their relationship to you? —.
4. What is the capacity/title of the family member at the entity? —.
5. Do you, having County supervisory/purchasing authority, conduct business with the above named entity on behalf of the County? (Yes/No) NO

I have read and am aware of my responsibilities under §§ 2-2-201 to -207, MCA as an elected .official and/or department head, Commissioners have additional conflict of interest conduct rules under §§ 7-5-2106 MCA. I will not have any personal interest in sales or purchases made by me in my official capacity. To the best of my knowledge, I have not violated any part of these statutes during the past year in my capacity as a Yellowstone County Officer.

Name (please print) MATT SANDQUIST

Signature [signature] Date: 09/14/2026

STATE OF MONTANA :County of Yellowstone

This record was acknowledged before me on 9/14/26 by Christine Herman

[signature]

Notary Public for the State of Montana

CHRISTINE HERMAN
NOTARY PUBLIC for the
State of Montana
Residing at
Shepherd, Montana
My Commission Expires
January 06, 2030

Date: July 29, 2026

To: County Elected Officials and Department Heads

From: Tanya McWilliams, Yellowstone County Deputy Auditor

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1. Do you have an immediate family member that is an owner, manager, or director of an entity that the County does business with? (Yes/No/N/A)_____Yes_____.

2. What is the name of the entity?
   Lockwood Irrigation District_____.

3. What is the name of the immediate family member and what is their relationship to you?
   Carl Peters, Father_____.

4. What is the capacity/title of the family member at the entity?
   Manager_____.

5. Do you, having County supervisory/purchasing authority, conduct business with the above named entity on behalf of the County? (Yes/No) Yes_____

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Name (please print) Hank Peters

Signature Hank Peters Date: July 29, 2026

STATE OF MONTANA :County of Yellowstone
This record was acknowledged before me on 7-29-2026 by Hank Peters

MONA L. HUNT NOTARIAL SEAL STATE OF MONTANA
MONA L. HUNT
NOTARY PUBLIC for the State of Montana
Residing at Billings, Montana
My Commission Expires January 31, 2027

Mona L Hunt
Notary Public for the State of Montana

Date: July 29, 2026

To: County Elected Officials and Department Heads

From: Tanya McWilliams, Yellowstone County Deputy Auditor

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2. What is the name of the entity? N/A.
3. What is the name of the immediate family member and what is their relationship to you? N/A.
4. What is the capacity/title of the family member at the entity? N/A.
5. Do you, having County supervisory/purchasing authority, conduct business with the above named entity on behalf of the County? (Yes/No) N/A

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Name (please print) Dayna Causby

Signature Dayna Causby Date: 10/23/26

STATE OF MONTANA :County of Yellowstone

This record was acknowledged before me on Oct. 23rd, 2026 By Dayna Causby

DAVID WILSON
Notary Public for the
State of Montana
Residing at SHEPHERD, MT
My Commission Expires
July 18, 2029

Notary Public for the State of Montana

Date: July 29, 2026

To: County Elected Officials and Department Heads

From: Tanya McWilliams, Yellowstone County Deputy Auditor

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1. Do you have an immediate family member that is an owner, manager, or director of an entity that the County does business with? (Yes/No/N/A)) N/O.
2. What is the name of the entity?
   _____.
3. What is the name of the immediate family member and what is their relationship to you?
   _____.
4. What is the capacity/title of the family member at the entity?
   _____.
5. Do you, having County supervisory/purchasing authority, conduct business with the above named entity on behalf of the County? (Yes/No) No

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Name (please print) Ronalee Ann Baker

Signature Ronalee Ann Baker Date: 8/28/2026

STATE OF MONTANA :County of Yellowstone
This record was acknowledged before me on 8/28/26 by Ronalee Ann Baker

ERIKA GUY NOTARIAL SEAL STATE OF MONTANA

ERIKA GUY
NOTARY PUBLIC
for the State of Montana
Residing at Laurel, Montana
My Commission Expires
February 14, 2030

Erika Guy
Notary Public for the State of Montana

Date: July 29, 2026

To: County Elected Officials and Department Heads

From: Tanya McWilliams, Yellowstone County Deputy Auditor

In order to ensure compliance with County's Conflict of Interest Policy #93-04; and MCA 2-2-201 thru 207 and 7-5-2106; and to complete footnote disclosure for the County's financial statements, it is necessary that Yellowstone County obtain a notarized affidavit and maintain a "Related Party List".

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2. What is the name of the entity?
   _____.
3. What is the name of the immediate family member and what is their relationship to you?
   _____.
4. What is the capacity/title of the family member at the entity?
   _____.
5. Do you, having County supervisory/purchasing authority, conduct business with the above named entity on behalf of the County? (Yes/No) _____

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Name (please print) Edward Sweeney

Signature _____ Date: 9-10-26

STATE OF MONTANA :County of Yellowstone
This record was acknowledged before me on 9/10/26 by Edward Sweeney

ERIKA GUY NOTARIAL SEAL STATE OF MONTANA

ERIKA GUY
NOTARY PUBLIC
for the State of Montana
Residing at Laurel, Montana
My Commission Expires
February 14, 2030

Erika Guy
Notary Public for the State of Montana

Date: July 29, 2026

To: County Elected Officials and Department Heads

From: Tanya McWilliams, Yellowstone County Deputy Auditor

In order to ensure compliance with County's Conflict of Interest Policy #93-04; and MCA 2-2-201 thru 207 and 7-5-2106; and to complete footnote disclosure for the County's financial statements, it is necessary that Yellowstone County obtain a notarized affidavit and maintain a "Related Party List".

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1. Do you have an immediate family member that is an owner, manager, or director of an entity that the County does business with? (Yes/No/N/A)) N/A.
2. What is the name of the entity? N/A.
3. What is the name of the immediate family member and what is their relationship to you? N/A.
4. What is the capacity/title of the family member at the entity? N/A.
5. Do you, having County supervisory/purchasing authority, conduct business with the above named entity on behalf of the County? (Yes/No) N/A

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Name (please print) Cody Silvesan

Signature Cody Silvesan Date: Sept. 11, 2026

STATE OF MONTANA :County of Yellowstone

This record was acknowledged before me on 9/11/26 by Cody Silvesan

RICHARD E. PETERS NOTARIAL SEAL STATE OF MONTANA

RICHARD E. PETERS
NOTARY PUBLIC for the
State of Montana
Residing at Billings, Montana
My Commission Expires
July 31, 2028

Notary Public for the State of Montana

Date: July 29, 2026

To: County Elected Officials and Department Heads

From: Tanya McWilliams, Yellowstone County Deputy Auditor

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2. What is the name of the entity?
   _____.
3. What is the name of the immediate family member and what is their relationship to you?
   _____.
4. What is the capacity/title of the family member at the entity?
   _____.
5. Do you, having County supervisory/purchasing authority, conduct business with the above named entity on behalf of the County? (Yes/No) N/A

I have read and am aware of my responsibilities under §§ 2-2-201 to -207, MCA as an elected .official and/or department head, Commissioners have additional conflict of interest conduct rules under §§ 7-5-2106 MCA. I will not have any personal interest in sales or purchases made by me in my official capacity. To the best of my knowledge, I have not violated any part of these statutes during the past year in my capacity as a Yellowstone County Officer.

Name (please print) Jennifer Jones

Signature Jennifer Jones Date: 7.30.26

STATE OF MONTANA :County of Yellowstone

This record was acknowledged before me on 7/30/26 by Jennifer Jones

ERIKA GUY NOTARIAL SEAL STATE OF MONTANA

ERIKA GUY
NOTARY PUBLIC
for the State of Montana
Residing at Laurel, Montana
My Commission Expires
February 14, 2030

Erika Guy
Notary Public for the State of Montana

Date: July 29, 2026

To: County Elected Officials and Department Heads

From: Tanya McWilliams, Yellowstone County Deputy Auditor

In order to ensure compliance with County's Conflict of Interest Policy #93-04; and MCA 2-2-201 thru 207 and 7-5-2106; and to complete footnote disclosure for the County's financial statements, it is necessary that Yellowstone County obtain a notarized affidavit and maintain a "Related Party List".

A related party is defined, in part, as an immediate family member (self, mother, father, daughter, son, spouse, sister, brother) who is an owner, a manager, or director of an entity that the County does business with.

An official that may have a related party transaction(s) may not constitute, in itself, illegality in any way, or cancellation of those related party transactions.

Please answer the following questions, sign, date, and return the letter to the Auditor's Office by **08/29/26**. If you have more than one related party to report, please make additional copies of this letter. If you do not have any related parties to report, please sign the affidavit, date, get form notarized, and return this letter. Thank you.

1. Do you have an immediate family member that is an owner, manager, or director of an entity that the County does business with? (Yes/No/N/A)) No.
2. What is the name of the entity? N/A.
3. What is the name of the immediate family member and what is their relationship to you? N/A.
4. What is the capacity/title of the family member at the entity? N/A.
5. Do you, having County supervisory/purchasing authority, conduct business with the above named entity on behalf of the County? (Yes/No) N/A

I have read and am aware of my responsibilities under §§ 2-2-201 to -207, MCA as an elected .official and/or department head, Commissioners have additional conflict of interest conduct rules under §§ 7-5-2106 MCA. I will not have any personal interest in sales or purchases made by me in my official capacity. To the best of my knowledge, I have not violated any part of these statutes during the past year in my capacity as a Yellowstone County Officer.

Name (please print) RUSSELL BURTON

Signature _____ Date: 9/10/26

STATE OF MONTANA :County of Yellowstone

This record was acknowledged before me on September 10, 2026 by Russell Burton

STEFANIE AMS NOTARIAL SEAL STATE OF MONTANA
STEFANIE AMS
NOTARY PUBLIC
for the State of Montana
Residing at Billings, Montana
My Commission Expires
September 14, 2029

Stefanie Ams

Notary Public for the State of Montana

Date: July 29, 2026

To: County Elected Officials and Department Heads

From: Tanya McWilliams, Yellowstone County Deputy Auditor

In order to ensure compliance with County's Conflict of Interest Policy #93-04; and MCA 2-2-201 thru 207 and 7-5-2106; and to complete footnote disclosure for the County's financial statements, it is necessary that Yellowstone County obtain a notarized affidavit and maintain a "Related Party List".

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1. Do you have an immediate family member that is an owner, manager, or director of an entity that the County does business with? (Yes/No/N/A)) NO.
2. What is the name of the entity?
   _____.
3. What is the name of the immediate family member and what is their relationship to you?
   _____.
4. What is the capacity/title of the family member at the entity?
   _____.
5. Do you, having County supervisory/purchasing authority, conduct business with the above named entity on behalf of the County? (Yes/No) _____

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Name (please print) DEREK YEAGER

Signature Derek Yeager Date: 7/30/26

STATE OF MONTANA :County of Yellowstone

This record was acknowledged before me on July 30, 2026 by Derek Yeager

TRASEE M. FIELD NOTARIAL SEAL STATE OF MONTANA

TRASEE M. FIELD
NOTARY PUBLIC
for the State of Montana
Residing at Billings, Montana
My Commission Expires
October 24, 2029

Trasee Field

Notary Public for the State of Montana

Date: July 29, 2026

To: County Elected Officials and Department Heads

From: Tanya McWilliams, Yellowstone County Deputy Auditor

In order to ensure compliance with County's Conflict of Interest Policy #93-04; and MCA 2-2-201 thru 207 and 7-5-2106; and to complete footnote disclosure for the County's financial statements, it is necessary that Yellowstone County obtain a notarized affidavit and maintain a "Related Party List".

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2. What is the name of the entity?
   _N/A_____.

3. What is the name of the immediate family member and what is their relationship to you?
   ____N/A_____.

4. What is the capacity/title of the family member at the entity?
   _____N/A_____.

5. Do you, having County supervisory/purchasing authority, conduct business with the above named entity on behalf of the County? (Yes/No) ____N?A_____

I have read and am aware of my responsibilities under §§ 2-2-201 to -207, MCA as an elected .official and/or department head, Commissioners have additional conflict of interest conduct rules under §§ 7-5-2106 MCA. I will not have any personal interest in sales or purchases made by me in my official capacity. To the best of my knowledge, I have not violated any part of these statutes during the past year in my capacity as a Yellowstone County Officer.

Name (please print) ___Larry P. Ziler_____

Signature_____ Date: __10/28/2026_____

STATE OF MONTANA :County of Yellowstone
This record was acknowledged before me on 10·28·2026 by Rebecca Ries

REBECCA ANNE RIES NOTARIAL SEAL STATE OF MONTANA
REBECCA ANNE RIES
NOTARY PUBLIC
for the State of Montana
Residing at Billings, Montana
My Commission Expires
April 30, 2029

Notary Public for the State of Montana

Date: July 29, 2026

To: County Elected Officials and Department Heads

From: Tanya McWilliams, Yellowstone County Deputy Auditor

In order to ensure compliance with County's Conflict of Interest Policy #93-04; and MCA 2-2-201 thru 207 and 7-5-2106; and to complete footnote disclosure for the County's financial statements, it is necessary that Yellowstone County obtain a notarized affidavit and maintain a "Related Party List".

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3. What is the name of the immediate family member and what is their relationship to you? N/A.
4. What is the capacity/title of the family member at the entity? N/A.
5. Do you, having County supervisory/purchasing authority, conduct business with the above named entity on behalf of the County? (Yes/No) N/A

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Name (please print) STONEY FIELD

Signature [signature] Date: 7/29/26

STATE OF MONTANA :County of Yellowstone

This ~~record was acknowledged before me on~~ 07/29/2026 by Jennifer Stanton

JENNIFER C. STANTON NOTARIAL SEAL STATE OF MONTANA

JENNIFER C. STANTON
NOTARY PUBLIC for the
State of Montana
Residing at Billings, Montana
My Commission Expires
July 11, 2027

[signature]
Notary Public for the State of Montana

Date: July 29, 2026

To: County Elected Officials and Department Heads

From: Tanya McWilliams, Yellowstone County Deputy Auditor

In order to ensure compliance with County's Conflict of Interest Policy #93-04; and MCA 2-2-201 thru 207 and 7-5-2106; and to complete footnote disclosure for the County's financial statements, it is necessary that Yellowstone County obtain a notarized affidavit and maintain a "Related Party List".

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2. What is the name of the entity? N/A.
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4. What is the capacity/title of the family member at the entity? N/A.
5. Do you, having County supervisory/purchasing authority, conduct business with the above named entity on behalf of the County? (Yes/No) NO

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Name (please print) Tim Goodridge

Signature [signature] Date: 7/29/26

STATE OF MONTANA :County of Yellowstone

This record was acknowledged before me on 07/29/2026 by Jennifer Stanton

JENNIFER C. STANTON NOTARIAL SEAL STATE OF MONTANA

JENNIFER C. STANTON
NOTARY PUBLIC for the State of Montana
Residing at Billings, Montana
My Commission Expires July 11, 2027

Jennifer Stanton
Notary Public for the State of Montana

Date: July 29, 2026

To: County Elected Officials and Department Heads

From: Tanya McWilliams, Yellowstone County Deputy Auditor

In order to ensure compliance with County's Conflict of Interest Policy #93-04; and MCA 2-2-201 thru 207 and 7-5-2106; and to complete footnote disclosure for the County's financial statements, it is necessary that Yellowstone County obtain a notarized affidavit and maintain a "Related Party List".

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2. What is the name of the entity?
   _____.
3. What is the name of the immediate family member and what is their relationship to you?
   _____.
4. What is the capacity/title of the family member at the entity?
   _____.
5. Do you, having County supervisory/purchasing authority, conduct business with the above named entity on behalf of the County? (Yes/No) _____

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Name (please print) Cody Reitz

Signature _____ Date: 7/29/26

STATE OF MONTANA :County of Yellowstone

This record was acknowledged before me on 07/29/2026 by Jennifer Stanton

JENNIFER C. STANTON NOTARIAL SEAL STATE OF MONTANA

JENNIFER C. STANTON
NOTARY PUBLIC for the
State of Montana
Residing at Billings, Montana
My Commission Expires
July 11, 2027

_____
Notary Public for the State of Montana

Date: July 29, 2026

To: County Elected Officials and Department Heads

From: Tanya McWilliams, Yellowstone County Deputy Auditor

In order to ensure compliance with County's Conflict of Interest Policy #93-04; and MCA 2-2-201 thru 207 and 7-5-2106; and to complete footnote disclosure for the County's financial statements, it is necessary that Yellowstone County obtain a notarized affidavit and maintain a "Related Party List".

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Name (please print) Billie Ky Chase IA

Signature [signature] Date: 7-29-26

STATE OF MONTANA :County of Yellowstone

This record was acknowledged before me on 07/02/2026 by Jennifer Stanton

JENNIFER C. STANTON NOTARY PUBLIC for the State of Montana Residing at Billings, Montana My Commission Expires July 11, 2027

JENNIFER C. STANTON NOTARIAL SEAL STATE OF MONTANA

[signature]

Notary Public for the State of Montana

Date: July 29, 2026

To: County Elected Officials and Department Heads

From: Tanya McWilliams, Yellowstone County Deputy Auditor

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Name (please print) Tim Wombolt

Signature _____ Date: 7-29-26

STATE OF MONTANA :County of Yellowstone

This record was acknowledged before me on 07/29/2026 by Jennifer Stanton.

JENNIFER C. STANTON
NOTARY PUBLIC for the
State of Montana
Residing at Billings, Montana
My Commission Expires
July 11, 2027

NOTARIAL SEAL — JENNIFER C. STANTON — STATE OF MONTANA

_____
Notary Public for the State of Montana

Date: July 29, 2026

To: County Elected Officials and Department Heads

From: Tanya McWilliams, Yellowstone County Deputy Auditor

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Name (please print) Craig Peterson

Signature _____ Date: 7/29/26

STATE OF MONTANA :County of Yellowstone

This record was acknowledged before me on 07/29/2026 by Jennifer Stanton

JENNIFER C. STANTON NOTARIAL SEAL STATE OF MONTANA

JENNIFER C. STANTON
NOTARY PUBLIC for the
State of Montana
Residing at Billings, Montana
My Commission Expires
July 11, 2027

_____
Notary Public for the State of Montana

Date: July 29, 2026

To: County Elected Officials and Department Heads

From: Tanya McWilliams, Yellowstone County Deputy Auditor

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Name (please print) Darren Bayliss

Signature _____ Date: 7/29/2026

STATE OF MONTANA :County of Yellowstone

This record was acknowledged before me on 07/29/2026 by Jennifer Stanton

JENNIFER C. STANTON NOTARIAL SEAL STATE OF MONTANA

JENNIFER C. STANTON
NOTARY PUBLIC for the
State of Montana
Residing at Billings, Montana
My Commission Expires
July 11, 2027

_____
Notary Public for the State of Montana

Date: July 29, 2026

To: County Elected Officials and Department Heads

From: Tanya McWilliams, Yellowstone County Deputy Auditor

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Name (please print) David Roth

Signature [signature] Date: 7/29/26

STATE OF MONTANA :County of Yellowstone

This record was acknowledged before me on 07/29/2026 by Jennifer Stanton

JENNIFER C. STANTON NOTARIAL SEAL STATE OF MONTANA
JENNIFER C. STANTON
NOTARY PUBLIC for the State of Montana
Residing at Billings, Montana
My Commission Expires July 11, 2027

[signature]
Notary Public for the State of Montana

Date: July 29, 2026

To: County Elected Officials and Department Heads

From: Tanya McWilliams, Yellowstone County Deputy Auditor

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Name (please print) Michael Groseop

Signature _____ Date: 7-29-26

STATE OF MONTANA :County of Yellowstone

This record was acknowledged before me on 07/29/2026 by Jennifer Stanton

JENNIFER C. STANTON NOTARIAL SEAL STATE OF MONTANA

JENNIFER C. STANTON
NOTARY PUBLIC for the State of Montana
Residing at Billings, Montana
My Commission Expires July 11, 2027

Notary Public for the State of Montana

Date: July 29, 2026

To: County Elected Officials and Department Heads

From: Tanya McWilliams, Yellowstone County Deputy Auditor

In order to ensure compliance with County's Conflict of Interest Policy #93-04; and MCA 2-2-201 thru 207 and 7-5-2106; and to complete footnote disclosure for the County's financial statements, it is necessary that Yellowstone County obtain a notarized affidavit and maintain a "Related Party List".

A related party is defined, in part, as an immediate family member (self, mother, father, daughter, son, spouse, sister, brother) who is an owner, a manager, or director of an entity that the County does business with.

An official that may have a related party transaction(s) may not constitute, in itself, illegality in any way, or cancellation of those related party transactions.

Please answer the following questions, sign, date, and return the letter to the Auditor's Office by **08/29/26**. If you have more than one related party to report, please make additional copies of this letter. If you do not have any related parties to report, please sign the affidavit, date, get form notarized, and return this letter. Thank you.

1. Do you have an immediate family member that is an owner, manager, or director of an entity that the County does business with? (Yes/No/N/A)) NO.
2. What is the name of the entity?
   _____.
3. What is the name of the immediate family member and what is their relationship to you?
   _____.
4. What is the capacity/title of the family member at the entity?
   _____.
5. Do you, having County supervisory/purchasing authority, conduct business with the above named entity on behalf of the County? (Yes/No) N/A

I have read and am aware of my responsibilities under §§ 2-2-201 to -207, MCA as an elected .official and/or department head, Commissioners have additional conflict of interest conduct rules under §§ 7-5-2106 MCA. I will not have any personal interest in sales or purchases made by me in my official capacity. To the best of my knowledge, I have not violated any part of these statutes during the past year in my capacity as a Yellowstone County Officer.

Name (please print) Kevin Gillen

Signature Kevin Gillen Date: 9-11-26

STATE OF MONTANA :County of Yellowstone

This record was acknowledged before me on September 11, 2026 by Kevin Gillen

KAREN P. KRZESNIAK NOTARIAL SEAL STATE OF MONTANA
KAREN P. KRZESNIAK
NOTARY PUBLIC for the
State of Montana
Residing at Shepherd, Montana
My Commission Expires
March 24, 2029

Karen P. Krzesniak
Notary Public for the State of Montana

Date: July 29, 2026

To: County Elected Officials and Department Heads

From: Tanya McWilliams, Yellowstone County Deputy Auditor

In order to ensure compliance with County's Conflict of Interest Policy #93-04; and MCA 2-2-201 thru 207 and 7-5-2106; and to complete footnote disclosure for the County's financial statements, it is necessary that Yellowstone County obtain a notarized affidavit and maintain a "Related Party List".

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2. What is the name of the entity?
   N/A
3. What is the name of the immediate family member and what is their relationship to you?
   N/A
4. What is the capacity/title of the family member at the entity?
   N/A
5. Do you, having County supervisory/purchasing authority, conduct business with the above named entity on behalf of the County? (Yes/No) N/A

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Name (please print) Monica Recker

Signature [signature] Date: 9/23/26

STATE OF MONTANA :County of Yellowstone
This record was acknowledged before me on 9/23/26 by Trasee Field

[signature]
Notary Public for the State of Montana

TRASEE M. FIELD NOTARIAL SEAL STATE OF MONTANA
TRASEE M. FIELD
NOTARY PUBLIC
for the State of Montana
Residing at Billings, Montana
My Commission Expires
October 24, 2029

Date: July 29, 2026

To: County Elected Officials and Department Heads

From: Tanya McWilliams, Yellowstone County Deputy Auditor

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   _____.
3. What is the name of the immediate family member and what is their relationship to you?
   _____.
4. What is the capacity/title of the family member at the entity?
   _____.
5. Do you, having County supervisory/purchasing authority, conduct business with the above named entity on behalf of the County? (Yes/No) _____

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Name (please print) Andy Dean

Signature Andy Dean Date: 9-10-26

STATE OF MONTANA :County of Yellowstone

This record was acknowledged before me on Sept 10, 2026 by Andy Dean

RAECHELLE ORTH NOTARY PUBLIC for the State of Montana Residing at Billings, Montana My Commission Expires September 25, 2029

Raechelle Orth

Notary Public for the State of Montana

Date: July 29, 2026

To: County Elected Officials and Department Heads

From: Tanya McWilliams, Yellowstone County Deputy Auditor

In order to ensure compliance with County's Conflict of Interest Policy #93-04; and MCA 2-2-201 thru 207 and 7-5-2106; and to complete footnote disclosure for the County's financial statements, it is necessary that Yellowstone County obtain a notarized affidavit and maintain a "Related Party List".

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2. What is the name of the entity?
   _____.
3. What is the name of the immediate family member and what is their relationship to you?
   _____.
4. What is the capacity/title of the family member at the entity?
   _____.
5. Do you, having County supervisory/purchasing authority, conduct business with the above named entity on behalf of the County? (Yes/No) _____

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Name (please print) Jay D. Anderson

Signature _____ Date: 09/23/2026

STATE OF MONTANA :County of Yellowstone

This record was acknowledged before me on 9-23-2026 by Trasee Field

_____

Notary Public for the State of Montana

TRASEE M. FIELD NOTARIAL SEAL STATE OF MONTANA

TRASEE M. FIELD
NOTARY PUBLIC
for the State of Montana
Residing at Billings, Montana
My Commission Expires
October 24, 2029

Date: July 29, 2026

To: County Elected Officials and Department Heads

From: Tanya McWilliams, Yellowstone County Deputy Auditor

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1. Do you have an immediate family member that is an owner, manager, or director of an entity that the County does business with? NO.
2. What is the name of the entity? N/A.
3. What is the name of the immediate family member and what is their relationship to you? N/A.
4. What is the capacity/title of the family member at the entity? N/A.
5. Do you, having County supervisory/purchasing authority, conduct business with the above named entity on behalf of the County? NO.

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Name (please print) Adam Lauwers

Signature _____ Date: 09/10/2026

STATE OF MONTANA :County of Yellowstone
This record was acknowledged before me on 9/10/26 by Adam Lauwers

ERIKA GUY NOTARIAL SEAL STATE OF MONTANA

ERIKA GUY
NOTARY PUBLIC
for the State of Montana
Residing at Laurel, Montana
My Commission Expires
February 14, 2030

_____
Notary Public for the State of Montana

Date: July 29, 2026

To: County Elected Officials and Department Heads

From: Tanya McWilliams, Yellowstone County Deputy Auditor

In order to ensure compliance with County's Conflict of Interest Policy #93-04; and MCA 2-2-201 thru 207 and 7-5-2106; and to complete footnote disclosure for the County's financial statements, it is necessary that Yellowstone County obtain a notarized affidavit and maintain a "Related Party List".

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   (Yes/No/N/A)) No NO.
2. What is the name of the entity? N/A.
3. What is the name of the immediate family member and what is their relationship to you? N/A.
4. What is the capacity/title of the family member at the entity? N/A.
5. Do you, having County supervisory/purchasing authority, conduct business with the above named entity on behalf of the County? (Yes/No) NO

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Name (please print) Jared Gavin

Signature [signature] Date: 9/10/26

STATE OF MONTANA :County of Yellowstone

This record was acknowledged before me on September 10, 2026 by Jared Gavin

STEFANIE ANS NOTARIAL SEAL STATE OF MONTANA

STEFANIE ANS
NOTARY PUBLIC
for the State of Montana
Residing at Billings, Montana
My Commission Expires
September 14, 2029

[signature]

Date: July 29, 2026

To: County Elected Officials and Department Heads

From: Tanya McWilliams, Yellowstone County Deputy Auditor

In order to ensure compliance with County's Conflict of Interest Policy #93-04; and MCA 2-2-201 thru 207 and 7-5-2106; and to complete footnote disclosure for the County's financial statements, it is necessary that Yellowstone County obtain a notarized affidavit and maintain a "Related Party List".

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Name (please print) Joe Lockwood

Signature Joe Lockwood Date: 9/10/2026

STATE OF MONTANA :County of Yellowstone

This record was acknowledged before me on 9/10/26 by Joe Lockwood

ERIKA GUY NOTARIAL SEAL STATE OF MONTANA

ERIKA GUY
NOTARY PUBLIC
for the State of Montana
Residing at Laurel, Montana
My Commission Expires
February 14, 2030

Erika Guy
Notary Public for the State of Montana

Date: July 29, 2026

To: County Elected Officials and Department Heads

From: Tanya McWilliams, Yellowstone County Deputy Auditor

In order to ensure compliance with County's Conflict of Interest Policy #93-04; and MCA 2-2-201 thru 207 and 7-5-2106; and to complete footnote disclosure for the County's financial statements, it is necessary that Yellowstone County obtain a notarized affidavit and maintain a "Related Party List".

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2. What is the name of the entity?
   NA.
3. What is the name of the immediate family member and what is their relationship to you?
   NA.
4. What is the capacity/title of the family member at the entity?
   NA.
5. Do you, having County supervisory/purchasing authority, conduct business with the above named entity on behalf of the County? (Yes/No) NA

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Name (please print) Sam Bofto

Signature S Bofto Date: 7-30-26

STATE OF MONTANA :County of Yellowstone

This record was acknowledged before me on July 30, 2026 by Sam Bofto

TRACY L. SNYDER NOTARIAL SEAL STATE OF MONTANA
TRACY L. SNYDER
NOTARY PUBLIC for the
State of Montana
Residing at Billings, Montana
My Commission Expires
September 6, 2028

Tracy L. Snyder
Notary Public for the State of Montana