This form uses tables. Please add as many additional rows as necessary for each item.

Date This Form was Completed	1-7-25		
Name of Officeholder	Steve	PROKODIS	

Section 1: Employment

You must disclose all current employers as well as any employers during the preceding year.

Address	Occupation/Job Title
3380 So. 900 w.	Division Chief
•	
Address	Occupation/Job Title
	3380 So. 900 w.

Section 2: Entities in which you are an owner or officer

You must disclose all current entities as well as any entities during the preceding year.

Name of Entity (Current)	Type of business or activity conducted by the entity	Your position in the entity
Non-current Entities from preceding year	Type of business or activity conducted by the entity	Your position in the entity

Section 3: Income Sources

You must disclose each individual or entity from whom you have received \$5,000 or more in income currently and during the preceding year.

If you provide goods or services to multiple customers or clients as part of a business or a licensed profession, you are only required to provide this information in relation to the entity or practice through which the regulated officeholder provides the goods or services and you are not required to provide the information in relation to individual customers or clients.

Name of Individual or Entity	Type of business or activity conducted by the individual or entity
UFA	Employee

Section 4: Investments

You must disclose each entity in which you hold any stocks or bonds having a fair market value of \$5,000 or more as of the date of disclosure or during the preceding year but excluding funds

_____ District Conflict of Interest Disclosure Form

that are managed by a third party, including blind trusts, managed investment accounts, and mutual funds.

Name of Entity (Current)		Type of business or activity conducted by the entity	
MAGNA CITY		Counci	7
Non-current Entities from Preceding Year		Type of business or activity conducted by the entity	
Section 5: Leadership Rol You must disclose each entity paid leadership capacity or in a entities that you already includ	in which you cur a paid or unpaid	position on a bo	served in the preceding year, in ard of directors. Do not include
Name of Entity (Current)	Type of business or activity conducted by the entity		Your position in the entity
MAGNA City Council	elected		Council
Non-current Entities from Preceding Year		ess or activity by the entity	Your position in the entity
You may disclose a real proper	rty that you hold ct of interest.		other financial interest that yo
believe may constitute a confli	rty that you hold ct of interest.	Тур	e of Interest Held
You may disclose a real proper believe may constitute a conflict Property Details Section 7: Spouse You must disclose the name of employers during the preceding	rty that you hold ct of interest. s f your spouse as g year.	Тур	e of Interest Held nt employers as well as any
You may disclose a real proper believe may constitute a conflict Property Details Section 7: Spouse You must disclose the name of employers during the preceding	rty that you hold ct of interest. s f your spouse as g year.	Typ well as all curre	e of Interest Held nt employers as well as any
You may disclose a real proper believe may constitute a conflict Property Details Section 7: Spouse You must disclose the name of employers during the preceding Name of Spouse Current Employer of	rty that you hold ct of interest. s f your spouse as g year.	Typ well as all curre PRaKaj	e of Interest Held nt employers as well as any

Spouse from Preceding

Conflict of Interest Disclosure Form

Year	

Section 8: Other Adult Household Members

You must disclose the name of any adult in your household who is not related by blood or marriage as well as all current employers and occupations. Please copy and paste these tables if you need to disclose more than one individual.

Name of Individual Luke Prokopis		
Current Employer of Individual	Address	Occupation/Job Title
1. HC.	Riverton Hosp.	RN

Section 9: Additional Disclosures (Optional)

You may disclose any other matter or interest that you believe may constitute a conflict of interest.

Description	
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I certify that I believe this form to be true and accurate to the best of my knowledge.

Signature of Special Public Officer