

2026 CONFLICT OF INTEREST DISCLOSURE FORM

Utah Code 10-3-1301 et seq.

This form shall be completed **annually** and whenever a potential conflict arises by all **elected officials, appointed officials, board or commission members, and employees** of Emery Town.

Name: Kimberly Hansen

Role (check one):

Elected Official Appointed Official Board / Commission Member Employee

Title / Position: Town Council

Department / Board (if applicable): Emery Town

Date of Disclosure: 2/19/26

DISCLOSURE STATEMENT

Please check one:

I have no actual or potential conflict of interest to disclose at this time.

I have an actual or potential conflict of interest, described below:

(Attach additional pages if necessary.)

ACKNOWLEDGEMENT & CERTIFICATION

I acknowledge that I am required to disclose any actual or potential conflict of interest prior to participating in discussion, deliberation, decision-making, or voting on any related matter. I understand that I may be required to abstain from participation as provided by Utah law and Emery Town policy.

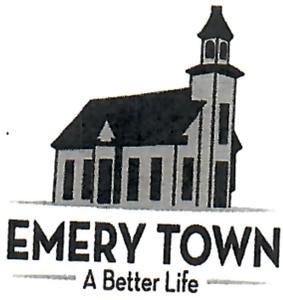
I certify that the information provided above is true and correct to the best of my knowledge.

Signature: Kimberly Hansen

Printed Name: Kimberly Hansen

Date: 2/19/26

This form shall be retained by the Emery Town Recorder and updated as required by law or policy.



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This form shall be completed **annually** and whenever a potential conflict arises by all **elected officials, appointed officials, board or commission members, and employees** of Emery Town.

Name: PATRICK N. SWOSTROM

Role (check one):

Elected Official Appointed Official Board / Commission Member Employee

Title / Position: COUNCILMAN

Department / Board (if applicable): Emery Town Council

Date of Disclosure: 02/11/26

DISCLOSURE STATEMENT

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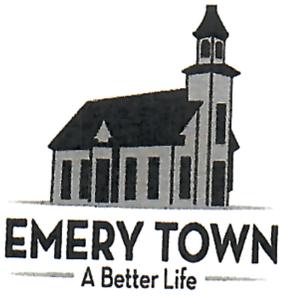
I certify that the information provided above is true and correct to the best of my knowledge.

Signature: [Signature]

Printed Name: PATRICK N. SWOSTROM

Date: 11 FEB 2026

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This form shall be completed **annually** and whenever a potential conflict arises by all **elected officials, appointed officials, board or commission members, and employees** of Emery Town.

Name: Melissa Duffey

Role (check one):

Elected Official Appointed Official Board / Commission Member Employee

Title / Position: City Council

Department / Board (if applicable): _____

Date of Disclosure: 2-11-2026

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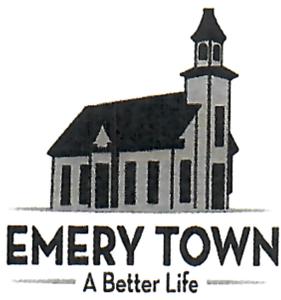
I certify that the information provided above is true and correct to the best of my knowledge.

Signature: Melissa Duffey

Printed Name: Melissa Duffey

Date: 2-11-2026

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Name: Jack Funk

Role (check one):

Elected Official Appointed Official Board / Commission Member Employee

Title / Position: Mayor

Department / Board (if applicable): —

Date of Disclosure: 2-11-26

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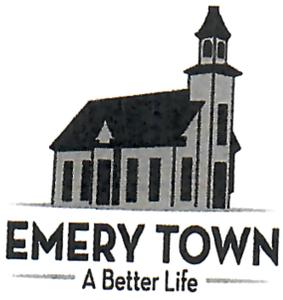
I certify that the information provided above is true and correct to the best of my knowledge.

Signature: Jack Funk

Printed Name: Jack Funk

Date: 2-11-26

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This form shall be completed **annually** and whenever a potential conflict arises by all **elected officials, appointed officials, board or commission members, and employees** of Emery Town.

Name: Mistie J Christiansen

Role (check one):

Elected Official Appointed Official Board / Commission Member Employee

Title / Position: Council person

Department / Board (if applicable): _____

Date of Disclosure: 02/11/2026

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I certify that the information provided above is true and correct to the best of my knowledge.

Signature: Mistie Christiansen

Printed Name: Mistie J Christiansen

Date: 02/11/2026

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