



Conflict of Interest Disclosure Form

Municipal Election Candidates (UCA 10-3-1313 & 20A-11-1604(6))

Candidate Name: TAMARA (TAMI) TRAN

Office: MAYOR

A potential or actual conflict of interest exists when commitments and obligations are likely to be compromised by the nominator(s)' other material interests, or relationships (especially economic), particularly if those interests or commitments are not disclosed.

This Conflict of Interest Form should indicate whether the signatory has an economic interest in, or acts as an officer or a director of, any outside entity whose financial interests would reasonably appear to be affected by the addition of the nominated condition to the newborn screening panel. The signatory should also disclose any personal, business, or volunteer affiliations that may give rise to a real or apparent conflict of interest. Relevant federally and organizationally established regulations and guidelines in financial conflicts must be abided by.

Employment

1A: The name and address of each of your current employers and each of your employers during the preceding year:

- Current Employer(s)/ Address(es): [REDACTED]
[REDACTED]
- Previous Employer(s)/ Address(es): N/A

1B: For each employer described in Item 1A, a brief description of the employment, including your occupation, and, as applicable, job title:

- Current Employment: [REDACTED]
[REDACTED]
- Previous Employment: N/A
[REDACTED]

Owner or Officer

2A: The name of each entity in which you are an owner or officer, or were owner or officer during the preceding year: [REDACTED]
[REDACTED]

2B: A brief description of the type of business or activity conducted by the entity(ies) described in Item 2A: _____

2C: Your position in the entity(ies) described in Item 2A: _____

Individual or Entity Income

3: During the preceding year, did you receive \$5,000.00 or more in income from an individual or entity? *(If needed, attach additional disclosures in a supplementary document and ensure it is clearly labeled.)*

- Name of Individual or Entity: _____
- Type of Business or Activity: _____

Stocks or Bonds

4: The name of each entity in which you hold any stocks or bonds having a Fair Market Value (FMV) of \$5,000.00 or more on the date of this disclosure or during the preceding year (excluding funds that are managed by a third party, including blind trusts, managed investment accounts, and mutual funds). *(If needed, attach additional disclosures in a supplementary document and ensure it is clearly labeled.)*

- Name of Individual or Entity: N/A _____
- Type of Business or Activity: N/A _____

Leadership Position or Board of Directors

5: List the name of any entity(ies) or organization(s) not already listed in items 2A through 4 where you currently serve or served within the preceding year, in a paid leadership role or on a board of directors (paid or unpaid). *(If needed, attach additional disclosures in a supplementary document and ensure it is clearly labeled.)*

- Name of Entity: WAWM, DAVIS TECH BOD,47G,MENTORS,LAKEVIEW HOSPITAL _____
- Type of Business or Activity: SDISTRICT, HIGHER ED, AEROSPACE,,501C, HEALTHCARE _____
- Position Held: MEMBER, VCHAIR, MEMBER, MEMBER,PAST CHAIR _____

Optional Disclosures

6. Do you own or have a financial interest that you believe may constitute a conflict of interest:

- None: or
- Description: _____

7. Do you have any other matter of interest that may constitute a conflict of interest:

- None: or

- Description: _____

Spouse

- Name: _____ (Print)
- Current Employer(s): _____
- Current Employer(s) Address(es): _____
- Current Occupation & Job Title: _____
- Preceding Year Employer(s): N/A
- Preceding Year Employer(s): Address(es): N/A
- Preceding Year Occupation & Job Title: N/A

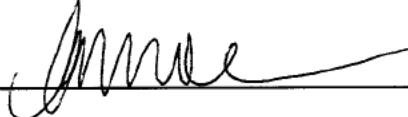
Adults Residing in Household Not Related by Blood or Marriage

20A-11-1604 (6i) and (6k). In Utah, the legal age of an adult is 18 years old, as defined under Utah Code §15-2-1.
(If needed, attach additional disclosures in a supplementary document and ensure it is clearly labeled.)

- Name: N/A _____ (Print)
- Employer(s) Name: _____
- Occupation: _____

Statement

- I, the candidate, hereby certify that the information set forth above is true and complete to the best of my knowledge. (Check box)
- I am an at-risk government employee, and/or my spouse is an at-risk government employee as that term is defined in UCA 63G-2-303(1)(a). I request that information relating to my employment, as well as my spouse's name and employment be redacted in accordance with 20A-11-1604(7)(a). (Check box)

Candidate Signature: 

Date: 6/2/2025

Privacy Notice

The personal data collected in this form will be available to the public under UCA 63G-2-301.

Any personal data redacted in accordance with UCA 20A-11-1604(7)(a) is not considered a public record under 63G-2-301. This data will be used for administrative purposes and will not be displayed to the public. This information is required under 20A-11-1604. Violation of this section may result in a class B misdemeanor and a \$100 fine. The information, unless specified, will be publicly available on the disclosures and possibly other election-related websites. Personal data collected on the website will not be sold. The personal data will be included in the record series GRS 1911.