

Town of Oak City

P.O. Box 217 30 W. Center St. Oak City, Utah 84649 Phone 435-846-2707

2025 Annual Conflict of Interest Disclosure Form

The following disclosures are required to be made annually by all officers, both elected and appointed, of the Town of Oak City pursuant to the Town of Oak City Conflict of Interest Policy and Utah 20A-11-1604(6). If additional space is needed, please use a separate sheet of paper. Per Utah HB80, the information provided shall be kept on file with the Oak City Town Recorder's Office and published on the Town of Oak City official website.

1, Angie Dewsnup	, am the duly elected (appointed			
Recorder	of the Town of Oak City.			

1. Name, Address, Occupation/Job Title, and Description of Employment for Current Employer(s) and any previous employer during the preceding year.

Current Employer(s):
Name: TOWN of Oak City
Address: 30 W. Center, Oak City, UT 34649
Occupation/Job Title and Brief Description of Employment: Recorder
Castell, LLC - SLC, UT - Patient Care Coordinator
Delta Area Chamber of Commerce - Delta, UT - Executive Secretary

Previous Employer(s):

Name:

Address:

Occupation/Job Title and Brief Description of Employment:

2. I am an officer, director, agent, employee or owner in the following entities either currently, or during the preceding year:

Name of Entity:	N/A		
Position Title:			
Type of Business	s or Activity Conducted:		
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3. I have received \$5,000 or more in income from the following individuals and/or Entities during the preceding year (must include a brief description of Type of Business or Activity Conducted by each):

. N/A

4. I hold stocks and/or bonds with a fair market value of \$5,000 or more (as of the date of this disclosure form or during the preceding year) from the following entity or entities (must also include a brief description of Type of Business or Activity Conducted by each). *These do not include funds that are managed by a third party, such as blind trusts, managed investment accounts, and mutual funds.

N/A

5. I currently serve, or served in the preceding year, on the following Board of Directors (or any other type of paid leadership capacity) not already disclosed in the previous items on this form:

Name of Entity or Organization: N/A
Type of Advisory Position:
Type of Business or Activity Conducted:

6. Name of spouse and any other adult residing in my household who is not related to me by blood or marriage:

Spouse:	N/A			Li.
Other Adult	/ (s):			

7. Name and Address for Spouse's Current Employer(s) and any previous employer during the preceding year.

Spouse's	Current Employer(s):	
Name:	N/A	
Address:		

Spouse's Previous E	mployer(s)	1
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Name:	N	IA.		

Address:

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8. Brief description of employment/occupation of each adult who resides in my household and is not related to me by blood or marriage:

N/A

* * * OPTIONAL DISCLOSURES * * *

- A. Description of any real property I own (or hold other financial interest in) that may constitute a conflict of interest:
- B. Description of type of interest held in the property(ies) listed in Item A above.
- C. Additional information on any matter that I believe may constitute a conflict of interest:

To the best of my knowledge, I certify that the information contained in this document is true and accurate. I further agree to promptly file another Disclosure Statement regarding any situation that may develop. I understand that failure to provide accurate information or to update the Disclosure Statement, should changes occur, may result in disciplinary action, up to and including termination of employment.

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Shim PAlle MAYOR PRINT NAME

SIGNATURE OF MAYOR

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This signed disclosure will be reviewed and signed by the Mayor and submitted to the town Recorder. The Mayor is charged with determining if an actual conflict exists and making a determination as to any restriction that may be required, such as a prohibition from participating in deliberations and decisions related to the conflict of interest.