



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.

I, THOMAS S. NIELSON, am the duly elected / appointed
TOWN COUNCIL 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: _____

Address: _____

Occupation/Job Title and Brief Description of Employment: _____

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: _____

Position Title: _____

Type of Business or Activity Conducted: _____

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):

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.*

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: _____

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: CAROLIN M. NIELSON

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: _____

Address: _____

Spouse's Previous Employer(s):

Name: _____

Address: _____

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

***** 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.

THOMAS S. NIELSON Thomas S. Nielson 2-6-25
PRINT NAME SIGNATURE DATE

Shirley Callister
SC Callister SC Callister 2-18-25
MAYOR PRINT NAME SIGNATURE OF MAYOR DATE

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.