

CONFLICT OF INTEREST DISCLOSURE STATEMENT

UNDER THE MUNICIPAL OFFICERS' AND EMPLOYEES' ETHICS ACT

(Utah Code Annotated Section 10-3-1313, 20A-11-1604(6), and 10-3-301.5)

Jared Glover

Regulated Officeholder/Candidate (Print Name)

Mayor City Council

Candidate for Office

1. The name and address of each current employer and each employer during the preceding year including a brief description of the employment, occupation, and job title.

Current Employer(s):

| | | | |
|-------------------|----------------------------|------------|-------------------|
| Employer Name | Intermountain Health | Occupation | Physical Security |
| Employer Address | 36 South State St, Ut | Job Title | Security Director |
| Brief Description | Physical Security Director | | |
| Employer Name | | Occupation | |
| Employer Address | | Job Title | |
| Brief Description | | | |

Preceding Year Employer(s): 0/14

| | | | |
|-------------------|--|------------|--|
| Employer Name | | Occupation | |
| Employer Address | | Job Title | |
| Brief Description | | | |
| Employer Name | | Occupation | |
| Employer Address | | Job Title | |
| Brief Description | | | |

2. The name of the entity in which the regulated officeholder/candidate is or was an owner or officer during the current or preceding year including a brief description of the type of business or activity conducted by the entity and position.

Check if not applicable

| | | | |
|------------------------------|--|----------|--|
| Entity Name (current) | | Position | |
| Brief Description | | | |
| Entity Name (preceding year) | | Position | |
| Brief Description | | | |

3. The name of each individual or entity, including a brief description of the type of business or activity, from which the regulated officeholder/candidate has received \$5,000 or more in income during preceding year.

Check if not applicable

| | |
|------------------------|--|
| Individual/Entity Name | |
| Brief Description | |
| Individual/Entity Name | |
| Brief Description | |

4. The name and brief description of each entity in which the regulated officeholder/candidate holds any stocks or bonds having a fair market value of \$5,000 or more as of the date of this disclosure statement or during the preceding year (excluding funds managed by a third party, including blind trusts, managed investment accounts, and mutual funds).

Check if not applicable

| | |
|-------------------|--|
| Entity Name | |
| Brief Description | |
| Entity Name | |
| Brief Description | |

5. The name of each entity or organization not listed above in which the regulated officeholder/candidate currently serves, or served in the preceding year, in a paid leadership capacity or in a paid or unpaid position on a board of directors including a brief description of the business or activity and position held.

Check if not applicable

| | | | |
|-------------------|-----------------------------------|----------|---------------------|
| Entity Name | <u>Bear River Mental Health</u> | Position | <u>Board Member</u> |
| Brief Description | | | |
| Employer Name | <u>Logan Medical Credit Union</u> | Position | <u>Board Member</u> |
| Brief Description | | | |

6. (Optional): Description of any real property in which the regulated officeholder/candidate holds an ownership or other financial interest that the regulated officeholder/candidate believes may constitute a conflict of interest including a description of the type of interest.

Check if not applicable

| | |
|------------------|--|
| Real Property | |
| Type of Interest | |
| Real Property | |
| Type of Interest | |

7. The name of the regulated officeholder/candidate's spouse and the name and address of each current and preceding year employer if the regulated officeholder/candidate believes the employment may constitute a conflict of interest.

Check if not applicable

| | |
|------------------------------|--|
| Spouse | |
| Employer (current) | |
| Employer (preceding year) | |

8. The name of any other adult residing in the regulated officeholder/candidate's household who is not related by blood, including a brief description of their employment or occupation if the regulated officeholder/candidate believes the adult's presence may constitute a conflict of interest.

Check if not applicable

| | |
|---|--|
| Other Adult | |
| Employment description OR Occupation | |
| Other Adult | |
| Employment description OR Occupation | |

9. (Optional) A description of any other matter or interest that the regulated officeholder/candidate believes may constitute a conflict of interest.

Check if not applicable

Check if applicable:

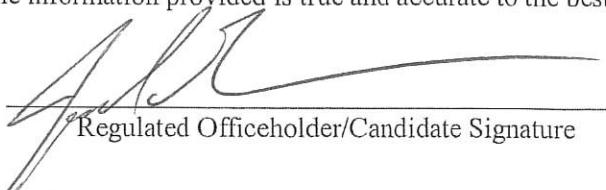
Under UCA 20A-11-1604(7)(a), I claim that I am an at-risk government employee as defined in UCA 63G-2-303(1)(a) and that my employment under Item 1 be redacted.

Under UCA 20A-11-1604(7)(a), I claim that my spouse is an at-risk government employee as defined in UCA 63G-2-303(1)(a) and that my spouse's employment under Item 7 be redacted.

I, the regulated officeholder/candidate, believe the information provided is true and accurate to the best of my knowledge.

Date:

1/20/26



Regulated Officeholder/Candidate Signature

Privacy Notice:

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