



CITY OF
NORTH SALT LAKE
UTAH

CONFLICT OF INTEREST DISCLOSURE STATEMENT

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

Regulated Officeholder/Candidate (print name): Tammy Clayton

Office (check applicable box below):

- Mayor
- City Council
- Candidate for Office

Note: Please attach separate sheet(s) for any additional information in response to items 1 to 9 below.

1. Employment Information – {20A-11-1604 (6)(b) Subject to Subsection 7}

Provide the name(s) and address(es) of each of your current employer(s) and name(s) and address(es) of each of your employers during the preceding year. For each employer described, include a brief description of the employment, including your occupation, and, as applicable, job title.

• **Current Employer(s):**

Name: Bountiful Orthodontics
 Address: 1512 S. Renaissance Towne Dr. #201
 Job Title/Description: OFFICE MANAGER

Name: _____
 Address: _____
 Job Title/Description: _____

• **Previous Employer(s):**

Same as above
 Name: _____
 Address: _____
 Job Title/Description: _____

Name: _____
 Address: _____
 Job Title/Description: _____

2. Ownership or Officer Positions – {20A-11-1604 (6)(c)}

Provide the name of any entity in which you are or were an owner or officer during the preceding year and a brief description of the type of business or activity conducted by the entity(ies), as well as your position in the entity(ies).

Check if not applicable

- Entity Name: _____
- Business Activity Description: _____
- Position Held: _____

3. Sources of Income – {20A-11-1604 (6)(d)}

During the preceding year, did you receive \$5,000 or more in income from an individual or entity? _____ (if yes, please list all below)

Check if not applicable

- Source (Individual or Entity) Name: _____
- Business Activity Description: _____

4. Investments – {20A-11-1604 (6)(e)}

List below the name of each entity in which you hold any stocks or bonds having a fair market value of \$5,000 or more as of the date of the disclosure form or during the preceding year (excluding funds that are managed by a third party, including blind trusts, managed investment accounts, and mutual funds) and a brief description of the type of business or activity conducted by the entity(ies).

Check if not applicable

- Entity Name: _____
- Business Activity Description: _____

5. Board Memberships (paid or unpaid positions on Board(s)) – {20A-11-1604 (6)(f)}

List the name of each entity or organization not described in items 2 through 4 of this form in which you currently serve, or served in the preceding year, on the board of directors or in any other type of paid or unpaid leadership capacity, and include a brief description of the type of business or activity conducted by the entity(ies) or organizations(s), along with your advisory position held within the entity(ies) or organization(s).

Check if not applicable

- Entity/Organization Name: _____
- Business Activity Description: _____
- Position Held: _____

6. Real Property Interests of Conflict (Optional) – {20A-11-1604 (6)(g)}

Description of any real property in which you hold an ownership or other financial interest that you believe may constitute a conflict of interest and the type of interest you hold in the property(ies) described.

Check if not applicable

- Property Description: _____
- Type of Interest Held: _____

7. Spouse Information – {20A-11-1604 (6)(h) Subject to Subsection 7}

List the name(s) of your spouse. Include for your spouse the name(s) and address(es) of each current employer(s) and name(s) and address(es) of each employer(s) during the preceding year, if you believe the employment may constitute a conflict of interest.

Check if not applicable

- Spouse's Name: Wayne Clayton
Spouse's Current Year Employer(s):
Name: LDS CHURCH
Address: 50 E. NO TEMPLE, SLC UT 84150
Spouse's Previous Year Employer(s) (preceding year):
 Same as above
Name: _____
Address: _____

8. Household Information – {20A-11-1604 (6)(i), and (6)(j)}

List the name(s) of any other adult residing in your household who is not related by blood. Include for individual(s) the name(s) and address(es) of each current employer(s) and name(s) and address(es) of each employer(s) during the preceding year, if you believe the adult's presence in the regulated officeholder's household may constitute a conflict of interest.

Check if not applicable

- Other Adult Household Members (not related by blood):
 - Name: _____
 - Other Adult's Employment Information:
 - Occupation: _____
 - Brief Employment Description: _____

9. Additional Interests of Conflict (Optional) – {20A-11-1604 (6)(k)}

Provide a description of any other matter or interest that you believe may constitute a conflict of interest.

Check if not applicable

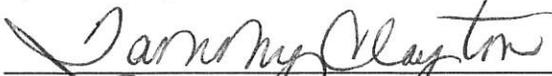
- Description: _____

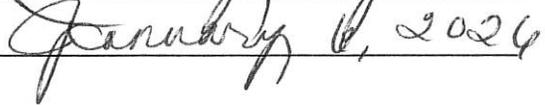
Check if applicable:

- € 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.

Statement – {20A-11-1604 (6)(l), (6)(m), and (6)(n)}

I, the regulated officeholder, believe this form is true and accurate to the best of my knowledge. (Check box)

Signature: 

Date: 

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.