



HINCKLEY TOWN CONFLICT OF INTEREST FORM

Candidate/Officeholder: CRISTA KAMAN

Office: MAYOR

1A: The name and address of each of the regulated officeholder's current employers and each of the regulated officeholder's employers during the preceding year.

- Current Employer(s)/Address(es): LIQUADRY INC 3000 N 7500 W ABRAHAM UT 84635
(7 YEARS)
- Previous Employer(s)/Address(es): SUNRISE CHILDREN'S FOUNDATION
2795 E DESERT INN RD SUITE 100
LAS VEGAS NV 89121 (9 YEARS)

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

- Current Employment: LOGISTICS COORDINATOR, CUSTOMER SERVICE LEAD
- Previous Employment: OFFICE MANAGER & CERTIFIER

2A: For each entity in which the regulated officeholder is an owner or officer, or was an owner or officer during the preceding year, the name of the entity(ies).

PLANNING & ZONING FOR HINCKLEY TOWN

2B: A brief description of the type of business or activity conducted by the entity(ies) described in Item 2A : ZONE CHANGES & REGULATORY DOCS.

2C: Regulated officeholder's position in the entity(ies) described in Item 2A
PLANNING & ZONING COMMISSION MEMBER

3A: For each individual from whom, or entity from which, the regulated officeholder has received \$5,000 or more in income during the preceding year the name of individual(s) or entity(ies). N/A PLANNING & ZONING DO NOT RECEIVE MONEY

3B: A brief description of the type of business or activity conducted by the individual(s) or entity(ies) described in item 3A. N/A

4A: For each entity in which the regulated officeholder holds any stocks or bonds having a fair market value of \$5,000 or more as of this date, or during the preceding year, the name of the entity(ies) (excluding funds that are managed by a third party, including blind trusts, managed investment accounts, and mutual funds). 401K W/ CURRENT EMPLOYER

4B: A brief description of the type of business or activity conducted by the entity(ies) described in Item 4A. 401K W/ CURRENT EMPLOYER

5A: For each entity not listed in 2A through 4B in which the regulated officeholder 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, the name of the entity(ies) or organization(s) N/A

5B: A brief description of the type of business or activity conducted by the entity(ies) or organization(s) described in Item 5A. N/A

5C: The type of position held by the regulated officeholder in the entity(ies) or organization(s) described in Item 5A. N/A

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

HOMEOWNER IN HINCKLEY

6B (Optional): A description of the type of interest held by the regulated officeholder in the property(ies) described in Item 6A.

N/A

7A: The name of the regulated officeholder's spouse.

- Spouse's Name: NONE

The name of each of the regulated officeholder's spouse's current employers and each of the regulated officeholder's spouse's employers during the preceding year, if the regulated officeholder believes the employment may constitute a conflict of interest.

- Spouse's Current Employer(s): N/A
- Spouse's Previous Employer(s): N/A

7B: The name of any adult residing in the regulated officeholder's household who is not related to the officeholder by blood. KEVIN HANN

- Other Adults: NONE

7C: For each adult described in Subsection 7B, a brief description of the adult's employment or occupation, if the regulated officeholder believes the adult's presence in the regulated officeholder's household may constitute a conflict of interest.

UNEMPLOYED COLLEGE STUDENT

8A (Optional): A description of any other matter or interest that the regulated officeholder believes may constitute a conflict of interest. NONE

Date: 5-JUNE-2025

☒ I, the regulated officeholder or candidate, believe this form is true and accurate 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 Subsection 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/Officeholder's 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.

