

# APPLICATION FOR COUNCIL INTERIM APPOINTMENT



STATE OF UTAH }  
COUNTY OF CACHE } ss.

I, \_\_\_\_\_,  
(Print name)

declare my intention of becoming a candidate for the office of Interim Council Member (remaining term until January 1, 2028).

I reside at \_\_\_\_\_, in the City of Logan,  
County of Cache, State of Utah, Zip Code 843 \_\_\_\_\_ Phone \_\_\_\_\_  
Email \_\_\_\_\_

**Application deadline is Friday, December 5, 2025 at 5:00 p.m.**

**Applications must be emailed to [teresa.harris@loganutah.gov](mailto:teresa.harris@loganutah.gov) or delivered in person at the Logan City Hall building located at 290 North 100 West, Logan, Utah.**

All applicants should be prepared to provide a 3-minute statement at the City Council meeting and answer any questions directed by the Council on Tuesday, December 16, 2025 at approximately 6:30 p.m. immediately following the regular Council business.

\*At the time of submitting the application, a candidate seeking appointment to fill the vacancy must file a Conflict of Interest Disclosure Statement with the City Recorder (see attached). ***Utah Code 10-3-301.5.***

\*Also, a candidate seeking appointment to fill the vacancy shall, no later than three (3) business days before the interview (Thursday, December 11, 2025) file a Campaign Finance Statement with the City Recorder (see attached). ***Utah Code 10-3-208.***

Please answer the following questions on a separate piece of paper and include with your application.

1. Why are you interested in serving on the City Council? (100 words or less)
2. Why do you feel you are qualified to fill the interim seat on the City Council? (250 words or less)

I do solemnly swear that I meet the qualifications to hold the office of Logan Municipal Council Member and if selected I agree to file the Conflict of Interest Disclosure Statement and Campaign Finance Statement as required.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Qualifications to be a candidate for municipal office are:

1. The person is a registered voter in the municipality.
2. The person will be at least 18 years old at the time of the appointment.
3. The person has been a legal resident of the municipality or a resident of a recently annexed area for 12 consecutive months immediately preceding the date of the appointment.
4. Any mentally incompetent person, any person convicted of a felony, or any person convicted of treason or a crime against the elective franchise may not hold office in this state until the right to vote or hold elective office is restored as provided by statute (***Utah Code 20A-2-101.5.***)

## **PROCESS OF SELECTING AN INTERIM CITY COUNCIL APPOINTMENT**

The City Council must interview, in an open meeting, every individual who submits their name for consideration and meets the qualifications for office. After the interviews, the City Council must take an initial vote to fill the vacancy from among the names of candidates interviewed. If one of the candidates receives a majority vote, then that individual will fill the vacancy. If no candidate received a majority, then the two candidates who received the most votes in the initial round are placed before the Council for a second vote.

**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



\_\_\_\_\_ ☐ City Council Interim Appointment

Regulated Officeholder/Candidate (Print Name)

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

**Preceding Year Employer(s):**

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		Position	
Brief Description			
Employer Name		Position	
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

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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: \_\_\_\_\_

\_\_\_\_\_  
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.



City of Logan Municipal Elections  
Campaign Finance Statement  
Report of Contributions and Expenditures  
(Utah Code Section 10-3-208)



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**Type of Report**

\_\_\_\_\_ **All Interim Candidates** – All contributions and expenditures from November 18, 2025 – December 11, 2025. **DUE Thursday, December 11, 2025 by 5:00 p.m.**

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**Report Verification**

I, \_\_\_\_\_

Print Name of Candidate

affirm that this Report of Contributions and Expenditures is true, accurate and correct to the best of my knowledge.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Logan, UT 843 \_\_\_\_\_

Email \_\_\_\_\_ Phone Number \_\_\_\_\_

Council Interim Appointment (2 Year Term)

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**To File this Form**

Mail or deliver to:

City of Logan Recorder  
290 North 100 West  
Logan, UT 84321

[teresa.harris@loganutah.gov](mailto:teresa.harris@loganutah.gov)

For More Information  
Contact the Recorder's Office  
(435) 716-9002

***For Office Use Only***

- ☐ Date Received \_\_\_\_\_
- ☐ Time Received \_\_\_\_\_
- ☐ Received by \_\_\_\_\_

**Contributions**

1a. Aggregate total of contributions under \$500.00 ..... \$ \_\_\_\_\_

OR

1b. Itemized total of contributions totaling \$500.00 or more ..... \$ \_\_\_\_\_

*(Form "A" total from other side of this sheet)***Expenditures**

2a. Aggregate total of campaign expenditures under \$500.00 ..... \$ \_\_\_\_\_

OR

2b. Itemized total of campaign expenditures ..... \$ \_\_\_\_\_

*(Form "B" total from other side of this sheet)*

3. Balance at the end of the reporting period ..... \$ \_\_\_\_\_

*(Difference between lines 1 and 2)*Signed \_\_\_\_\_ Date \_\_\_\_\_  
*(Candidate)***NOTE:** If a candidate receives \$500 or less and spends \$500 or less, the candidate can report the *total* amount of all contributions and expenditures.**NOTE:** In the event a candidate has no contributions or expenditures during a report period, a financial statement which states there were no contributions received or expenditures made must still be filed.**ITEMIZED CONTRIBUTION REPORT (Form "A")**

Date Received	Name of Contributor	Amount of Contribution	In-Kind (if applicable)

*(If additional space is needed, use blank paper and list information like the above format and then attach to report.)***ITEMIZED EXPENDITURE REPORT (Form "B")**

Date of Expenditure	Person or Organization To Whom Expenditure was made	Amount of Expenditure	Expenditure Purpose (optional)

*(If additional space is needed, use blank paper and list information like the above format and then attach to report.)*