

# Candidate Conflict-of-Interest Disclosure Statement



As required by Utah Code Ann. 10-3-301.5, candidates shall complete the conflict of interest disclosure statement and submit the statement to the City Recorder at the time the candidate files a declaration of candidacy. An electronic copy of this written disclosure statement will be posted on the City's website.

Candidate's Name: Ben Uipi

Spouse's Name (if applicable): NA

## SECTION I: REQUIRED INFORMATION

Attach additional pages if needed.

- **Candidate's Current Employment**

Current Employer Name Skywest Airlines  
Address 444 S. River Road  
City, State and Zip St. George, Utah 84790  
Occupation Flight Attendant  
Brief Description of Duties Safety, compliance, service

See Back

- **Candidate's Previous Employment** (during preceding year, if applicable)

Previous Employer Name Visiting Angels  
Address 4141 S. Highland Dr. #200  
City, State and Zip Millcreek, UT 84124  
Occupation Caregiver  
Brief Description of Duties Home health care for senior services.

- **Spouse's Current Employment**

Current Employer Name NA  
Address \_\_\_\_\_  
City, State and Zip \_\_\_\_\_  
Occupation \_\_\_\_\_  
Brief Description of Duties \_\_\_\_\_

## Current Employment

Flip Flop Shops

3700 N. Cabelas Blvd. #347

Lehi, UT 84043

General Manager

Operations and personnel oversight

- **Spouse's Previous Employment** (during preceding year, if applicable)

Current Employer Name NA

Address \_\_\_\_\_

City, State and Zip \_\_\_\_\_

Occupation \_\_\_\_\_

Brief Description of Duties \_\_\_\_\_

## **SECTION II: REQUIRED DISCLOSURES**

*Attach additional pages if needed.*

1. **List each entity that you are an owner or officer of, or was an owner or officer of, during the preceding year:**

Entity name: \_\_\_\_\_

Brief description of the type of business or activity conducted by the entity:

\_\_\_\_\_  
\_\_\_\_\_

Your position in the entity: \_\_\_\_\_

2. **List each individual or entity from which you have received \$5,000 or more in income during the preceding year:** (If you provide goods or services to multiple customers or clients as part of a business or licensed profession, you are only required to provide this information in relation to the entity or practice through which you provided the goods or services. You are not required to provide information in relation to your individual customers or clients.)

Individual or Entity name: \_\_\_\_\_

Brief description of the type of business or activity conducted by the entity:

\_\_\_\_\_  
\_\_\_\_\_

3. **List each entity that you hold any stocks or bonds having a fair market value of \$5,000 or more at the time of this disclosure or during the preceding year** (exclude funds managed by a third party including blind trusts, managed investment accounts, and mutual funds):

Individual or Entity name: \_\_\_\_\_

Brief description of the type of business or activity conducted by the entity:

\_\_\_\_\_  
\_\_\_\_\_

4. List each entity in which you currently serve, or served in the preceding year, in a paid leadership capacity or in a paid or unpaid position on a board of directors (do not include any entities listed in 1-3 above):

Individual or Entity name: Intermountain Volleyball Association

Brief description of the type of business or activity conducted by the entity:

Utah-Idaho tournaments and national involvement with USA volleyball

Your position in the entity: Board of Directors

5. List the name of your spouse and any other adult residing in your household who is not related by blood or marriage, as applicable:

Name: Xane Lipi Relationship: Son  
 Occupation: Student Job Duties: PT Worker - Student

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Occupation: \_\_\_\_\_ Job Duties: \_\_\_\_\_

**SECTION III: OPTIONAL DISCLOSURES**

Attach additional pages if needed.

1. \*Optional\* Describe any real property in which you hold an ownership or other financial interest that you believe may constitute a conflict of interest including a description of the type of interest you hold in the property.

\_\_\_\_\_  
 \_\_\_\_\_

2. \*Optional\* Describe any other matter or interest you believe may constitute a conflict of interest.

\_\_\_\_\_  
 \_\_\_\_\_

I, the 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)

[Signature] 8/12/25  
 Candidate'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.

4. List each entity in which you currently serve, or served in the preceding year, in a paid leadership capacity or in a paid or unpaid position on a board of directors *(do not include any entities listed in 1-3 above)*:

Individual or Entity name: AAPI LEAD Board of Directors

Brief description of the type of business or activity conducted by the entity:

Board member for an organization of Asian Americans and Pacific Islander elected officials - annual Summit

Your position in the entity: Planning (conference).

5. List the name of your spouse and any other adult residing in your household who is not related by blood or marriage, as applicable:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Occupation: \_\_\_\_\_ Job Duties: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Occupation: \_\_\_\_\_ Job Duties: \_\_\_\_\_

### SECTION III: OPTIONAL DISCLOSURES

*Attach additional pages if needed.*

1. \*Optional\* Describe any real property in which you hold an ownership or other financial interest that you believe may constitute a conflict of interest including a description of the type of interest you hold in the property.

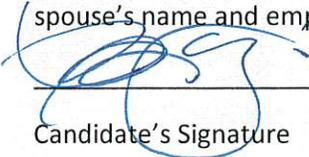
\_\_\_\_\_  
\_\_\_\_\_

2. \*Optional\* Describe any other matter or interest you believe may constitute a conflict of interest.

\_\_\_\_\_  
\_\_\_\_\_

I, the 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's Signature