

2025 DECLARATION OF CANDIDACY



CANDIDATE DECLARATION

I do hereby declare my intention to become a candidate for the following office:

Each seat is a four-year term:

☐ Mayor
☒ Councilmember

CANDIDATE INFORMATION (print name exactly as it is to appear on ballot)

Laura S Jensen
First Name Middle Name or Initial (optional) Last Name

[Redacted]
Street Address City State Zip Code

801-599-5115 laurasmithjensen@gmail.com
Phone Number Email Address ☒ I agree to receive official notifications by Email

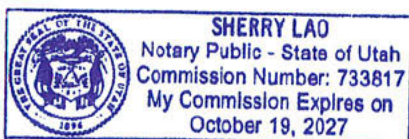
☒ (Optional) Yes, I would like to classify my residential and/or mailing address as "protected" in accordance with Utah Code §63G-2-305(52). By doing so I understand that I must provide an alternative address or phone number.

CANDIDATE OATH

I do solemnly swear under penalty of perjury, that I will meet the legal qualifications required of candidates for this office. I reside at the address listed above and am a registered voter. If filing via a designated agent, I attest that I will be out of the state of Utah during the entire candidate filing period. I will file all campaign financial disclosure reports as required by law; and I understand that failure to do so will result in my disqualification as a candidate for this office and removal of my name from the ballot. I request that my name be printed upon the applicable official ballots.

Signature of Candidate

County of Utah, State of Utah
Subscribed and sworn to (or affirmed) before me
this 10 day of June 2025.



Sherry Lao
Notary



ANNUAL CONFLICT OF INTEREST DISCLOSURE
UNDER THE MUNICIPAL OFFICERS' AND EMPLOYEES' ETHICS ACT

Under the provisions of the Municipal Officers and Employees Disclosure Act, Section 10-3-1313 (U.C.A.) 1953, as amended, I, the undersigned do make the following statement regarding my private business interests:

Laura Jensen
Name

Position:



Councilmember



Mayor



Candidate

1. Current employer(s):

Employer	Address	Occupation/Job Title	Brief Description of Employment
Lone Peak Hospital	1925 So. State	Respiratory Manager	manage team of Resp Therapists

2. Any previous employers during the preceding year:

Employer	Address	Occupation/Job Title	Brief Description of Employment

3. Each entity in which I am or was an owner or officer during the preceding year:

Entity	Position	Brief Description of Business Activity Conducted by Entity
Eagle Mt. Chamber of Commerce	Vice Chair	work with local businesses, support their efforts

4. Each individual or entity from whom I received \$5,000 or more in income during the preceding year:

Name of Individual or Entity	Brief Description of Type of Business/Activity Conducted
none	

5. Each entity in which I hold any stocks of bonds having a fair market value of \$5,000 or more during the preceding year (excluding funds that are managed by a third party such as blind trusts, managed investment accounts, and mutual funds):

Name of Entity	Brief Description of Type of Business/Activity Conducted
none	

6. Each entity not listed in #s 3-5 in which I serve, or served, in the preceding year in a paid leadership capacity or in a paid or unpaid position on a board of directors:

Name of entity or organization	Position	Brief Description of Type of Business/Activity Conducted
none		

7. Name of spouse and spouse's current employer:

Spouse's Employer	Address	Occupation/Job Title	Brief Description of Employment
Ut state Dept of Corrections	1480 N 8000 W SUC, UT 84116	Facilities Administrator	Oversees facility operations

8. Any previous employers of spouse during the preceding year:

Employer	Address	Occupation/Job Title	Brief Description of Employment
none			

9. Name of any adult residing in my household who is not related by blood or marriage:

none

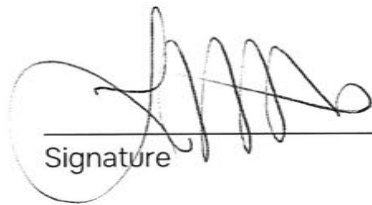
10. (Optional) Description of any real property owned or other financial interest that may constitute a conflict of interest:

Property or Interest	Description of the type of interest held
none	

11. (Optional) Description of any other matter or interest I believe may constitute a conflict of interest:

none

I believe that this form is true and accurate to the best of my knowledge. I understand that this statement is public information and shall be available for public examination.


Signature

6-6-25
Date