

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)

Oreta M. Tupola
First Name Middle Name or Initial (optional) Last Name

[REDACTED]
Street Address City State Zip Code

801 420 2128 om2pola@gmail.com
Phone Number Email Address ☒ I agree to receive official notifications by Email

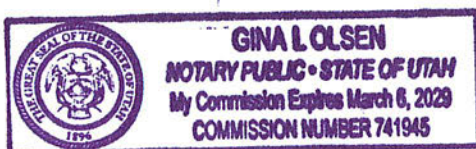
☒ (Optional) Yes, I would like to classify my residential and/or mailing address as "protected" in accordance with Utah Code §63G-2-305(52). By doing so I understand that I must provide an alternative address or phone number.

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]
Signature of Candidate

County of Utah, State of Utah
Subscribed and sworn to (or affirmed) before me
this 3 day of June 2025.



[Signature]
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:

Oreta M. Tupola
Name

Position:

☒ Councilmember ☐ Mayor ☐ Candidate

1. Current employer(s):

Employer	Address	Occupation/Job Title	Brief Description of Employment
PIK2AR	824 S 400 W Unit B-113	Chief Administrative Officer	Violence Prevention Education
Common Spirit Health	1050 E South Temple St. Salt Lake City 84102	Community Health Advocate	SNAP resource Connection

2. Any previous employers during the preceding year:

Employer	Address	Occupation/Job Title	Brief Description of Employment
UICWA	Po Box 25956 Salt Lake City 84125	Executive Director	Professional Association CHWS training and education

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

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
PIK2AR	Community Based Organization
UCHWA	Utah Community Health Worker Professional Association
Common Spirit	Hospital system

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): NA

Name of Entity	Brief Description of Type of Business/Activity Conducted

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
NACHW	Board member	National Association Community Health Workers
Renters Justice Coalition	"	Education, Awareness, Advocacy Utah Renters
Innovations 4 Justice	"	Advocacy for social justice
One Health Collaborative	"	Governors initiative on Health Care reform

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

Spouse's Employer	Address	Occupation/Job Title	Brief Description of Employment
Teneli Tupola	4338 N Frontier St.	NA (Disabled)	NA

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

Employer	Address	Occupation/Job Title	Brief Description of Employment
<u>NA</u>	<u>—</u>	<u>—</u>	<u>—</u>
<u>—</u>	<u>—</u>	<u>—</u>	<u>—</u>
<u>—</u>	<u>—</u>	<u>—</u>	<u>—</u>

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

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

Property or Interest	Description of the type of interest held

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

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

June 3 2025
Date