



Annual Conflict of Interest Disclosure Form

Candidate/Officeholder: Lana Hanover
Office: River Heights City Council member Today's Date: 4/15/25

1A. The name(s) and address(es) of each of your current employer(s) and name(s) and address(es) of each of your employers during the preceding year.

- Current Employer(s): IH Logan Clinic Family Med- 412 N 200 E, Logan, Utah
- Previous Employer(s): Same

1B. For each employer described in 1A, give a brief description of the employment, including your occupation, and job title (if applicable).

- Current Employment: Medical Assistant - Assist medical providers in office duties and patient care
- Previous Employment: Same

2A. Name of any entity in which you are an owner or officer or were during the preceding year.

IHF - One Human Family, LLC

2B. A brief description of the type of business or activity conducted by the entity(ies) listed in 2A.

Product sales on line

2C. Your position in the entity(ies) listed in 2A.

partner

3A. The name of each individual from who, or entity from which, you have received \$5,000 or more in income during the preceding year.

IHC - Logan Clinic
IHF

3B. A brief description of the type of business or activity conducted by the individual or entity described in 3A.

Patient care
Online sales

4A. The name of each entity in which you hold any stocks or bonds having a fair market value of \$5,000 or more as today's date or during the preceding year (excluding funds managed by a third party, including blind trusts, managed investment accounts, and mutual funds).

4B. A brief description of the type of business or activity conducted by the entity(ies) described in 4A.

5A. The name of each entity or organization not described in 2A through 4B in which you currently serve, or served in the preceding year, on the board of directors or in any other type of paid leadership capacity.

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

5C. Description of the type of advisory position you held within the entity(ies) organization(s) described in 5A.

6A. (Optional): Description of any real property in which you hold an ownership or other financial interest that you believe may constitute a conflict of interest.

6B. (Optional): Description of type of interest held in the property(ies) described in 6A.

7A. The names(s) of your spouse and any other adult residing in your household who is not related by blood or marriage, as applicable.

- Spouse: *Bill Hanover*
- Other adults:


7B. For your spouse, the name(s) and address(es) of each current employer(s) and name(s) and address(es) of each employer(s) during the preceding year.

- Spouse's Current Employer(s): *Self-employed*
- Spouse's Previous Employer(s): *Same*

7C. A brief description of the employment and occupation of each adult who resides in your household and is not related to you by blood or marriage.

8A (Optional): A description of any other matter or interest that you believe may constitute a conflict of interest.

I, the regulated officeholder or candidate, believe this form is true and accurate to the best of my knowledge.


Signature

4/16/25
Date