



**DISCLOSURE COMPLIANCE (CONFLICT OF INTEREST) UNDER THE  
MUNICIPAL OFFICERS' AND EMPLOYEES' ETHIC ACT**  
(Utah Code: Section 10-3-1301-1313 and 20A-11-1604(6))

Candidate/Office holder: MARTIN MCCAIN  
(Print Name)

Office: City Council MEMBER

1. The name(s) and addresses(es) of each of the individual's current employer(s) and name(s) and address(es) of each of the individual's employers during the preceding year.
  - Current Employer(s): SANPETE PANTRY  
Key wealth STRATEGIES
  - Previous Employer(s):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. For each employer described in Item 1, a brief description of the employment, including the individual's occupation, and, as applicable, job title.
  - Current Employment: SANPETE PANTRY - FundRAISING  
Director -  
Key wealth STRATEGIES -  
College Planning & LIFE Insurance
  - Previous Employment:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. The name of any entity\* in which the individual is an owner or officer or was an owner or officer during the preceding year.  
Key wealth STRATEGIES  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. A brief description of the type of business or activity conducted by the entity(ies) described in Item 3.  
College planning / LIFE Insurance

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. Individual's position in the entity(ies) described in Item 3.

owner

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. The name of each individual from whom, or entity from which, the individual has received \$5,000 or more in income during the preceding year.\*\*

MEDICAL NATIONAL LIFE INSURANCE

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7. A brief description of the type of business or activity conducted by the individual or entity described in Item 6. \*\*

LIFE & ANNUITY SALES

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

8. The name of each entity in which the individual holds any stocks or bonds having a fair market value of \$5,000 or more as of the date of the disclosure from or during the preceding year (excluding funds that are managed by a third party, including blind trusts, managed investment accounts, and mutual funds).

NONE

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

9. A brief description of the type of business or activity conducted by the entity(ies) described in Item 8.

N/A

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

10. The name of each entity or organization not described in Items 2 through 9 of this form in which the individual currently serves, or served in the preceding year, on the board of directors or in any other type of paid leadership capacity.

*N/A*

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11. A brief description of the type of business or activity conducted by the entity(ies) or organization(s) described in Item 10.

*N/A*

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12. Description of the type of advisory position held by the individual within the entity(ies) organization(s) described in Item 10.

*N/A*

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13. (Optional): Description of any real property in which the individual holds an ownership or other financial interest that the individual believes may constitute a conflict of interest.

*N/A*

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14. (Optional): Description of type of interest held by the individual in the property(ies) described in Item 13.

*N/A*

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15. The name(s) of the individual's spouse and any other adult residing in the individual's household who is not related by blood or marriage, as applicable.

- Spouse: *Ruth Ann McCain*
- Other Adults: *Elizabeth McCain*

16. For the individual's 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): SPRING CITY INC.
- Spouse's Previous Employer(s): SAME AS ABOVE

17. A brief description of the employment and occupation of each adult who resides in the individual's household and is not related to the individual by blood or marriage.

Ruth Ann McGin / city recorder  
Elizabeth McGin - Receptionist - Cashier  
Lower Mountain Health Care

18. (Optional): A description of any other matter or interest that the individual believes may constitute a conflict of interest.

NONE

Date: 1/25/26

I, the regulate officeholder or candidate, believe this form is true and accurate to the best of my knowledge. (Check box)

Mark R. Martin

Candidate/Officeholder/s Signature

\* Entity: "Entity" means a corporation, a partnership, a limited liability company, a limited partnership, a sole proprietorship, an association, a cooperative, a trust, an organization, a joint venture, a governmental entity, an unincorporated organization, or any other legal entity, regardless of whether it is established primarily for the purpose of gain or economic profit.

\*\* Entity: same as above definition.