

Conflict of Interest

Candidate/Officeholder: Kirk Brower

Office: Hyde Park City Counselman

1A: The name(s) and address(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): Retired
- ☐ Previous Employer(s): Twin Falls School District

1B: For each employer described in Item 1A, a brief description of the employment, including the individual's occupation, and, as applicable, job title.

- ☐ Current Employment: Retired
- ☐ Previous Employment: Twin Falls School District

2A: The name of any entity in which the individual is an owner or officer or was an owner or officer during the preceding year. None

2B: A brief description of the type of business or activity conducted by the entity(ies) described in Item 2A None

2C: Individual's position in the entity(ies) described in Item 2A
Retired

3A: 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.

None N/A

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

4A: 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 form or during the preceding year (excluding funds that are managed by a third party, including blind trusts, managed investment accounts, and mutual funds). N/A

4B: A brief description of the type of business or activity conducted by the entity(ies) described in Item 4A. None

5A: The name of each entity or organization not described in Items 2A through 4B 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.

None

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

N/A

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

None

N/A

6A: 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:

None

☐ Other Adults:

6B: 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):

Retired

☐ Spouse's Previous Employer(s):

Retired

6C: 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.

Date: 1/28/26

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

Mark Brauer

Candidate/Officeholder's Signature