

Candidate/Officeholder: Alycia Skousen

Office: Town Council Member - Interim

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):

*N/A*

- Previous Employer(s):

*N/A*

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:

*N/A*

- Previous Employment:

*N/A*

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.

*Alycia Skousen, CPA,*

*Gavin's Herbal Remedies*

*Alycia Skousen Social Marketing. WAW Capital, LLC*

2B: A brief description of the type of business or activity conducted by the entity(ies) described in Item 2A

*Alycia Skousen CPA: Accounting, Reporting & Consulting; Gavin's Herbal Remedies: Health and wellness product development, production, online sales*

*Alycia Skousen Social Marketing: Social media content provider; WAW Capital, LLC: Holding pass through company.*

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

*Alycia Skousen, CPA: California Professional license holder - Active*

*Gavin's Herbal Remedies: Owner*

*Alycia Skousen Social Marketing: Owner*

*WAW Capital, LLC: Member*

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.\*\*

*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.

*N/A*

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, in a paid leadership capacity or in a paid or unpaid position on a board of directors.

*Ryan Litteral Racing, LLC*

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

*Professional automotive racing, social marketing and influencer*

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

*Accounting, third-party reporting, business planning*

6A (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.

*500 E SR 248  
Hideout, UT 84036*

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

*Homestead property, primary residence*

7A: List the name of the regulated officeholder's spouse.

- Spouse's Name:

*William Woolf*

The name of each of the regulated officeholder's spouse's current employers and each of the regulated officeholder's spouse's employers during the preceding year, if the regulated officeholder believes the employment may constitute a conflict of interest

- Spouse's Current Employer(s):

*Boxes Builders, Inc.*

- Spouse's Previous Employer(s):

*N/A*

7B: List the name(s) of any adult residing in the regulated officeholder's household who is not related to the officeholder by blood.

- Other Adults:

*N/A*

7C: For the adults described in section 7B, give brief description of the employment and occupation, if the regulated officeholder believes the adult's presence in the regulated officeholder's household may constitute a conflict of interest.

*N/A*

8A (Optional): A description of any other matter or interest that the individual believes may constitute a conflict of interest.

N/A

Date: 5/20/2025

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

☐ I am an at-risk government employee, and/or my spouse is an at-risk government employee as that term is defined in Subsection 63G-2-303(1)(a). I request that information relating to my employment and my spouse's employment be redacted in accordance with 20A-11-1604.

  
Digitally signed by Alycia Skousen  
DN: cn=Alycia Skousen, o, ou,  
email=ajskousen@gmail.com, c=US  
Date: 2025.05.20 11:06:47 -06'00'

Candidate/Officeholder's Signature