Candidate/Officeholder: Joe Mellor

Office: Town Council

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): Gunnison Valley Hospital
- 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: Laboratory Manager
- 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.

N/A

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

N/A

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

N/A

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, on the board of directors or in any other type of paid leadership capacity.

N/A

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.

N/A

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.

N/A

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

N/A

7A: 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: Kimberly Mellor
- Other Adults:

7B: 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): Kelly Frandsen DDS
- Spouse's Previous Employer(s): Pinnacle Advanced Dentistry

7C: 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.

dental Hygienist

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

N/A

Date: 1/28/2026

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

Candidate/Officeholder's Signature