## OF REPRESENTATE OF UTAH

## **UTAH HOUSE OF REPRESENTATIVES**

## 2014 CONFLICT OF INTEREST & FINANCIAL DISCLOSURE

1. Name: Becky Edwards	S		
2. Employment			
Primary employer	Brief description of employment		Occupation or job title
Utah House of Representatives	State Representative		Representative
3. Entities which you ov	•		
Name of entity	HB 270, pg 13 - (iv)]  Type of activity conducted by the entity		Your position / interest in the entity
KUED Utah Voices BYU College of Life Sciences Safe Harbor	Public Television Community Choir College of Life Sciences direction/fund raising Domestic Violence Shelter		Advisory Board Advisory Board / Board of Directors Co-Chair, College Volunteer Leadership Council Board Member
4. Each entity that has p the date of this form.		•	the one-year period prior to (v)]
Name of entity	Type of activity condu		` ' 2
None			
as of the date of this form (does	s not include funds th	at are managed b	ir market value of \$5,000 or more y a third party, including blind Gen. Session, HB 270, pg 13 - (vi) ducted by the entity

6. Organization or entity, other than listed above, for which you serve on the board of directors or in any other formal advisory capacity. [see 2010 Gen. Session, HB 270, pg 13 - (vii)]

Name of entity	Type of activity conducted by the entity	Your position / interest in the entity
KUED	Public Television	Advisory Board
Utah Voices	Community Choir	Advisory Board / Board of Directors
BYU College of Life Sciences	College of Life Sciences direction/fund	Co-Chair, College Volunteer Leadership
	raising	Council
Safe Harbor	Domestic Violence Shelter	Board Member

7. Real property in which you hold an ownership or other financial interest that you believe may constitute a conflict of interest. *(optional)* [see 2010 Gen. Session, HB 270, pg 13 - (viii)]

Description of real property	Description of interest held
Mountain West Surgical Center	My spouse has a partial ownership / shares of this entity.

8. Name of spouse and any other adult residing in your household that is not related by blood or marriage. [see 2010 Gen. Session, HB 270, pg 13 - (ix)]

John C. Edwards

9. Information for your spouse and any other adult residing in your household that is not related to you by blood or marriage, as applicable. [see 2010 Gen. Session, HB 270, pg 14 - (x)]

Name	Brief description of employment	Occupation
John C. Edwards	Self-employed	Orthopedic Surgeon

10. Any other matter or interest you believe may constitute a conflict of interest. (optional)

Lakeview Hospital / Morningstar

I certify that I believe the information provided in this form is true and accurate to the best of my knowledge.

s/Becky Edwards 1-6-14 (Signature) (Date)

Received by the Chief Clerk of the House:

s/Sandy D. Tenney 1-6-14 (Signature) (Date)