



UTAH HOUSE OF REPRESENTATIVES

2014 CONFLICT OF INTEREST & FINANCIAL DISCLOSURE

1. **Name:** Francis D. Gibson

2. **Employment**

Primary employer	Brief description of employment	Occupation or job title
Intermountain Healthcare	Process Improvement Director Finding ways to streamline cost and operations. Promote high quality care	Process Improvement Director

3. **Entities which you own or of which you are an officer**

[see 2010 Gen. Session, HB 270, pg 13 - (iv)]

Name of entity	Type of activity conducted by the entity	Your position / interest in the entity
Class V Investments	Ownership of Healthcare related business	20% owner

4. **Each entity that has paid \$5,000 in income to you within the one-year period prior to the date of this form.** [see 2010 Gen. Session, HB 270, pg 13. - (v)]

Name of entity	Type of activity conducted by the entity
Class V Investments	Ownership of Health Care Businesses

5. **Each entity in which you hold any stocks or bonds having a fair market value of \$5,000 or more as of the date of this form (does not include funds that are managed by a third party, including blind trusts, managed investment accounts, and mutual funds).** [see 2010 Gen. Session, HB 270, pg 13 - (vi)]

Name of entity	Type of activity conducted by the entity
N/A	N/A

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
N/A		

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 N/A	Description of interest held
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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)]**

Shiela Gibson

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
Shiela Gibson	Homemaker	

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

N/A

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

s/Francis D. Gibson
(Signature)

1-06-14
(Date)

Received by the Chief Clerk of the House:

s/Sandy D. Tenney
(Signature)

1-06-14
(Date)