



UTAH HOUSE OF REPRESENTATIVES

CONFLICT OF INTEREST & FINANCIAL DISCLOSURE

All versions of this document, including amended versions, shall remain on the legislative website and in the House main office (hard copy) for two years from the date the completed form is received by the Chief Clerk.

NOTE: "preceding year" means the year immediately preceding the day on which the officeholder files a Conflict of Interest form. [UCA: 20A-11-1602\(7\)](#)

Date: May 22, 2019

Name of officeholder: Jim Dunnigan

Employment

([UCA 20A-11-1604\(4\)\(b\)](#) and [\(c\)](#): An officeholder is required to disclose each of the officeholder's current employers, as well as employers during the preceding year.)

| Current Employer(s) | Description of Employment | Occupation and/or job title |
|---|---------------------------|-----------------------------|
| Dunnigan Insurance 3105 W 5400 S #6 SLC, UT 84129 | Insurance Agency | Owner/Agent |

| Preceding Year's Employer(s) | Description of Employment | Occupation and/or job title |
|------------------------------|---------------------------|-----------------------------|
| Same | Same | Agent |

Entities in which you are an owner or officer.

[\[UCA 20A-11-1604\(4\)\(d\)\]](#)

| Current Year: Entity Name | Type of business or activity conducted by each entity | Your position in each entity |
|---|---|------------------------------|
| Dunnigan Insurance Dunnigan & Stone Insurance LLC Taylorsville Dayzz, Inc | Insurance Insurance Community Festival | Owner Partner President |

| Preceding Year: Entity Name | Type of business or activity conducted by the entity | Your position in each entity |
|-----------------------------|--|------------------------------|
| Same | Same | Same |

Each individual or entity from whom the regulated officeholder has received \$5,000 or more *in income* currently and during the preceding year.

[UCA 20A-11-1604(4)(e)]

NOTE: UCA 20A-11-1604(5)(b) "in making the disclosure..., a regulated officeholder who provides goods or services to multiple customers or clients as part of a business or a licensed profession is only required to provide the information described in Subsection (4)(e) in relation to the entity or practice through which the regulated officeholder provides the goods or services and is not required to provide the information described in Subsection (4)(e) in relation to the regulated officeholder's customers or clients."

| Name of individual or entity | Type of business or activity conducted by the entity |
|------------------------------|--|
| | |

Each entity in which you currently hold any stocks or bonds having a fair market value of \$5,000 or more, including info for the preceding year.

[UCA 20A-11-1604(4)(f)]

(excludes funds that are managed by a third party, including blind trusts, managed investment accounts, and mutual funds)

| Name of entity | Type of business or activity conducted by the entity |
|--------------------|--|
| Dunnigan Insurance | Insurance |

Entity or organization for which you serve on the board of directors or in any other type of paid leadership capacity (include current and preceding year).

[UCA 20A-11-1604(4)(g)]

*(only required to list those entities not already listed in responses to questions 3, 4, or 5)

| Name of entity or organization | Type of business or activity conducted by the entity | Your position in the entity or organization |
|--|---|--|
| CHIP Advisory Board Workers Compensation Advisory Board | Children's Health Insurance Plan Review Workers Comp Needs Community Festival health advocacy Health Plan | Board Member Board Member President Board Member Board Member |
| Taylorsville Dayzz Inc | | |
| Truth Initiative Regence | | |

Description of any real property in which the legislator holds an ownership or other financial interest that the legislator believes may constitute a conflict of interest.

(optional)

[UCA 20A-11-1604(4)(h)]

| Description of the real property | Description of the type of interest held by the legislator |
|----------------------------------|--|
| | |

Name of spouse and any other adult residing in your household who is not related by blood or marriage, and their employment information. Include current employer(s) and employer(s) during the preceding year.

[UCA 20A-11-1604(4)(i)(j) and (k)]

Name of Spouse: Vicki Dunnigan

| Spouse's current employer | Address |
|---|--------------------------------|
| Dunnigan Insurance | 3105 W 5400 S #6 SLC, UT 84129 |
| Spouse's employer in the preceding year | Address |
| Same | Same |

Information for other adults not related by blood or marriage who are living in the same home as officeholder.

| Name of Individual | Brief description of employment & occupation |
|--------------------|--|
| | |

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

[UCA 20A-11-1604(4)(l)]

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

s/ Jim Dunnigan

(Signature of Legislator)

May 22, 2019

(Date)

Received by the Chief Clerk of the House:

May 23, 2019

(Date)