



## 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: December 21, 2019

Name of officeholder: Rex P Shipp

#### 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
Self-employed	Financial services and business owner	Financial adviser Winger's Restaurant owner (1)

Preceding Year's Employer(s)	Description of Employment	Occupation and/or job title
Same as above		

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
Cambridge Financial Center J & J Restaurants, Inc P & S Group, LLC Seven Shipp, LLC Miss Kitty HB, LLC	Services Operates a Winger's Restaurant Holds land of Winger's Restaurant Office building Houseboat	Owner/advisor Owner/ officer Owner/member Owner/managing member Owner/managing member

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

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
Penn Mutual Inc. Company Hornor, Townsend & Kent Select Health Altius Beneficial Life Regence Blue Cross Blue Shield Hartford	Life Ins & Annuity Sales Sale of Securities (Mutual Funds & V A's Health Insurance Health Insurance Life Ins. and Annuity Sales Health Insurance Life Insurance (Group)

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
N/A	

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
N/A		

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
N/A	

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: Stacia Shipp

Spouse's current employer	Address
None	
Spouse's employer in the preceding year	Address
None	

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/ Rex P Shipp  
\_\_\_\_\_  
(Signature of Legislator)

December 21, 2019  
\_\_\_\_\_  
(Date)

***Received by the Chief Clerk of the House:***

December 28, 2019  
\_\_\_\_\_  
(Date)