



UTAH HOUSE OF REPRESENTATIVES

2014 CONFLICT OF INTEREST & FINANCIAL DISCLOSURE

1. **Name:** Jim Dunnigan

2. **Employment**

| Primary employer | Brief description of employment | Occupation or job title |
|--------------------|---------------------------------|-------------------------|
| Dunnigan Insurance | Insurance Agency | Agent |

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 |
|--|--|--|
| Dunnigan Insurance Taylorsville Dayzz, Inc. | Insurance | Owner President |

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 |
|--------------------|--|
| Dunnigan Insurance | Insurance |

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 |
|----------------|--|
|----------------|--|

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 |
|-------------------------------------|--|--|
| CHIP Advisory Board | Children's Health Insurance Plan | Board Member |
| Taylorsville Days Committee | City Festival | Chairman |
| Workers Compensation Advisory Board | Review Workers Compensation needs | 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 |
|------------------------------|------------------------------|
| | |

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)]

Vicki Dunnigan

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 |
|----------------|---------------------------------|------------|
| Vicki Dunnigan | Assistant Dunnigan Insurance | Assistant |

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

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

s/Jim Dunnigan
(Signature)

1-6-14
(Date)

Received by the Chief Clerk of the House:

s/Sandy D. Tenney
(Signature)

1-6-14
(Date)