



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\(6\)](#)

Date: January 23, 2017

Name of officeholder: Raymond Ward

Employment

([2014 Gen. Session, HB 394](#): 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
Ogden Clinic 185 South 400 East #100 Bountiful UT, 84010	I am a physician in a family practice clinic	Physician

Preceding Year's Employer(s)	Description of Employment	Occupation and/or job title
Cope Family Medicine 620 East Medical Drive #150 Bountiful UT 84010	Physician in a family practice clinic	physician

Entities in which you are an owner or officer.

[\[2014 Gen. Session, HB 394, pg.21\]](#)

Current Year: Entity Name	Type of business or activity conducted by each entity	Your position in each entity
LakeHills Holdings LLC 185 South 400 East #100 Bountiful Utah 84010	We own a small medical office building and rent out the space. My medical office itself is in the building	one of 6 co-owners

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.

[2014 Gen. Session, HB 394, pg.21]

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
Same as above --Ogden Clinic (my current employer)	physician group
Same as above -- Cope Family Medicine (My previous medical group)	physician 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.

[2014 Gen. Session, HB 394, pg.21]

(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
LakeHills holdings	Is the LLC which has 6 co-owners, of which I am one, that owns and rents out space in the medical office building where I work.

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).

[2014 Gen. Session, HB 394, pg.21]

*(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

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)

[2014 Gen. Session, HB 394, pg.22]

Description of the real property	Description of the type of interest held by the legislator
Same as above. I have a property interest in the medical office building where I work	1/6th ownership in the building.

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.

[2014 Gen. Session, HB 394, pg.22]

Name of Spouse: Beverly Ward

Spouse's current employer	Address
Spouse's employer in the preceding year	Address

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)*

[2014 Gen. Session, HB 394, pg.22]

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

s/ Raymond Ward

(Signature of Legislator)

January 23, 2017

(Date)

Received by the Chief Clerk of the House:

January 23, 2017

(Date)