



UTAH HOUSE OF REPRESENTATIVES

2015 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)

1. Name of officeholder: Francis Gibson

2. Employment

(2014 Gen. Session, HB 394, pg. 21: An officeholder is required to disclose each of the officeholder's current employers, as well as employers during the preceding year.)

Name & address of CURRENT employer(s)	Brief description of employment	Occupation and/or job title
Intermountain Health Care	Find ways to streamline cost and operations. Promote quality care at appropriate cost	Process Improvement Director
Name & address of PRECEDING YEAR'S employer(s)	Brief description of employment	Occupation and/or job title

3. Entities in which you are an owner or officer.

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

CURRENT YEAR: Name of entities	Type of business or activity conducted by each entity	Your position in each entity
Class V Investments	Ownership of Healthcare related business	20% owner
PRECEDING YEAR: Name of entities	Type of business or activity conducted by each entity	Your position in each entity

4. **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
Class V Investments	Ownership of Healthcare business

5. **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.**
(excludes funds that are managed by a third party, including blind trusts, managed investment accounts, and mutual funds). [2014 Gen. Session, HB 394, pg. 21]

Name of entity	Type of business or activity conducted by the entity

6. **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

7. **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

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8. Name of spouse and any other adult residing in your household who is not related by blood or marriage. [see 2014 Gen. Session, HB 394; pg. 22]]

Name of SPOUSE: Shiela Gibson
Names of OTHER ADULTS residing in home who are not related by blood or marriage:

9. Employment information for your spouse and any other adult residing in your household that is not related to you by blood or marriage - include current employer and employer(s) during the preceding year. [2014 Gen. Session, HB 394, pgs. 20 and 22]

SPOUSE's current employer(s): Homemaker	Address of spouse's current employer(s)
SPOUSES's employer(s) in the preceding year: Same	Address of spouse's preceding year employer(s)
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
NAME OF INDIVIDUAL:	Brief description of employment & occupation

10. Any other matter or interest you believe may constitute a conflict of interest. (optional) (2014 Gen. Session, HB 394, pg. 22)

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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/ Francis Gibson
(Signature of House member)

12/14/14
(Date)

Received by the Chief Clerk of the House:

s/ Sandy D. Tenney
(Signature)

12/16/14
(Date)