



UTAH HOUSE OF REPRESENTATIVES

2014 CONFLICT OF INTEREST & FINANCIAL DISCLOSURE

1. **Name:** Mike Kennedy

2. **Employment**

Primary employer	Brief description of employment	Occupation or job title
Premier Family Medical Group	Family Doctor	Doctor

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
Timpanogas Regional Hospital - Board of Directors	Credentialing of Doctors - policy for hospital	Health Care

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
University of Utah Health Care Parkway Health Care	Health Care

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
None	

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 Dyslexia Center of Utah	Type of activity conducted by the entity Dyslexia advocacy	Your position / interest in the entity Board Member
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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 None	Description of interest held
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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)]

Katrina Kennedy

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 Katrina Kennedy	Brief description of employment Homemaker	Occupation
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10. Any other matter or interest you believe may constitute a conflict of interest. (optional)

I serve "of counsel" to the Salt Lake law firm BT&D- Medical record review

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

s/Mike Kennedy
(Signature)

1/06/14
(Date)

Received by the Chief Clerk of the House:

s/Sandy D. Tenney
(Signature)

1/06/14
(Date)