



Board of Education Member Conflict of Interest Disclosure

(If additional space or entries are required for any required disclosure item, attach additional pages containing the required information and identifying the disclosure item the information relates to. If additional pages are attached, please check this space: _____.)

Name: Jan Adams

Name of Board member's spouse (if any): Lani Adams

Name of each adult residing in Board member's household but not related by blood or marriage (if any): _____

Employment

Board member's current employer(s)

Name of employer: Fillmore Feed and Farm (self employed)

Address of employer: 560 n Main

Description of Board member's employment with employer: Owner Retail Store

Board member's job title with employer: Owner

Board member's occupation with employer: Owner

Name of employer: NA

Address of employer: _____

Description of Board member's employment with employer: _____

Board member's job title with employer: _____

Board member's occupation with employer: _____

Board member's employer(s) during the past year

(List any employers during the past year not listed above.)

Name of employer: NA

Address of employer: _____

Description of Board member's employment with employer: _____

Board member's job title with employer: _____

Board member's occupation with employer: _____

Entities

Affiliated entities

(List each entity of which the Board member is currently or in the prior year was an owner or officer)

Name of entity: Fillmore Feed and Farm

Board member's position in the entity: Owner

Description of the type of business or activity conducted by the entity: Owner retail store

Name of entity: NA

Board member's position in the entity: _____

Description of the type of business or activity conducted by the entity: _____

Investment interests

(List any entity in which the Board member holds stocks or bonds with a fair market value equal to or greater than \$5,000, valued either at present or within the prior year. This excludes funds managed by a third party, such as blind trusts, managed investment accounts and mutual funds.)

Name of entity: _____

Description of the type of business or activity conducted by the entity: _____

Name of entity: _____

Description of the type of business or activity conducted by the entity: _____

Other income

(List each individual or entity from whom the Board member received \$5,000 or more in income during the preceding year. Note that if the Board member provides goods or services to multiple customers or clients as part of a business and licensed profession, the Board member is only required to provide this information in relation to the entity or practice through which the Board member provides the goods and services and is not required to provide information about the Board member's individual customers or clients.)

Name of individual or entity: _____

Description of the type of business or activity conducted by the individual or entity: _____

Name of individual or entity: _____

Description of the type of business or activity conducted by the individual or entity: _____

Entity leadership positions

(List each entity not listed above for which the Board member is currently or in the prior year was either in a paid leadership capacity or in a paid or unpaid position on a board of directors)

Name of entity or organization: _____

Board member's position with the entity or organization: _____

Description of the type of business or activity conducted by the entity: _____

Name of entity or organization: _____

Board member's position with the entity or organization: _____

Description of the type of business or activity conducted by the entity: _____

Spouse Employment

Current employer(s) of spouse

Name of spouse employer: Millard School District

Address of spouse employer: _____

Description of spouse's employment with employer: 4th grade teacher FES

Spouse's job title with employer: Teacher

Spouse's occupation with employer: Teacher

Name of spouse employer: Fillmore Feed and Farm

Address of spouse employer: 560 n main Fillmore VT 84631

Description of spouse's employment with employer: Owner

Spouse's job title with employer: Owner

Spouse's occupation with employer: Owner

Spouse employer(s) during the past year

(List any employers of the Board member's spouse during the past year not listed above.)

Name of spouse employer: _____

Address of spouse employer: _____

Description of spouse's employment with employer: _____

Spouse's job title with employer: _____

Spouse's occupation with employer: _____

Affiliated Adult Employment

(Complete for each adult residing in Board member's household but not related by blood or marriage)

Affiliated adult's name: _____

Affiliated adult's occupation: _____

Description of affiliated adult's employment: _____

Affiliated adult's name: _____

Affiliated adult's occupation: _____

Description of affiliated adult's employment: _____

Optional Disclosures

If desired, describe any real property in which the Board member holds an ownership or other financial interest that the Board member believes may constitute a conflict of interest:

Description of real property: _____

Description of the type of interest held by the Board member: _____

If desired, describe any other matter or interest that the Board member believes may constitute a conflict of interest:

Description of matter or interest: _____

Description of matter or interest: _____

I believe that the information provided with this disclosure statement is true and accurate to the best of my knowledge.

Date Disclosure Completed 1-8-25

Board Member Signature: 



Board of Education Member Conflict of Interest Disclosure

(If additional space or entries are required for any required disclosure item, attach additional pages containing the required information and identifying the disclosure item the information relates to. If additional pages are attached, please check this space: ____.)

Name: Diane George

Name of Board member's spouse (if any): Jeff George

Name of each adult residing in Board member's household but not related by blood or marriage (if any): _____

Employment

Board member's current employer(s)

Name of employer: Retired - Millard School District

Address of employer: 285 E. 450 N. Rd. Delta, UT 84624

Description of Board member's employment with employer: teacher

Board member's job title with employer: _____

Board member's occupation with employer: _____

Name of employer: _____

Address of employer: _____

Description of Board member's employment with employer: _____

Board member's job title with employer: _____

Board member's occupation with employer: _____

Board member's employer(s) during the past year

(List any employers during the past year not listed above.)

Name of employer: Retired

Address of employer: _____

Description of Board member's employment with employer: _____

Board member's job title with employer: _____

Board member's occupation with employer: _____

Entities

Affiliated entities

(List each entity of which the Board member is currently or in the prior year was an owner or officer)

Name of entity: none

Board member's position in the entity: _____

Description of the type of business or activity conducted by the entity: _____

Name of entity: _____

Board member's position in the entity: _____

Description of the type of business or activity conducted by the entity: _____

Investment interests

(List any entity in which the Board member holds stocks or bonds with a fair market value equal to or greater than \$5,000, valued either at present or within the prior year. This excludes funds managed by a third party, such as blind trusts, managed investment accounts and mutual funds.)

Name of entity: none

Description of the type of business or activity conducted by the entity: _____

Name of entity: _____

Description of the type of business or activity conducted by the entity: _____

Other income

(List each individual or entity from whom the Board member received \$5,000 or more in income during the preceding year. Note that if the Board member provides goods or services to multiple customers or clients as part of a business and licensed profession, the Board member is only required to provide this information in relation to the entity or practice through which the Board member provides the goods and services and is not required to provide information about the Board member's individual customers or clients.)

Name of individual or entity: -0-

Description of the type of business or activity conducted by the individual or entity: _____

Name of individual or entity: _____

Description of the type of business or activity conducted by the individual or entity: _____

Entity leadership positions

(List each entity not listed above for which the Board member is currently or in the prior year was either in a paid leadership capacity or in a paid or unpaid position on a board of directors)

Name of entity or organization: _____

Board member's position with the entity or organization: _____

Description of the type of business or activity conducted by the entity: _____

Name of entity or organization: _____

Board member's position with the entity or organization: _____

Description of the type of business or activity conducted by the entity: _____

Spouse Employment

Current employer(s) of spouse

Name of spouse employer: IPSC

Address of spouse employer: 850 Brush Wellman Rd. Delta

Description of spouse's employment with employer: Trainer

Spouse's job title with employer: Trainer

Spouse's occupation with employer: _____

Name of spouse employer: _____

Address of spouse employer: _____

Description of spouse's employment with employer: _____

Spouse's job title with employer: _____

Spouse's occupation with employer: _____

Spouse employer(s) during the past year

(List any employers of the Board member's spouse during the past year not listed above.)

Name of spouse employer: SAA

Address of spouse employer: _____

Description of spouse's employment with employer: _____

Spouse's job title with employer: _____

Spouse's occupation with employer: _____

Affiliated Adult Employment

(Complete for each adult residing in Board member's household but not related by blood or marriage)

Affiliated adult's name: - O -

Affiliated adult's occupation: _____

Description of affiliated adult's employment: _____

Affiliated adult's name: _____

Affiliated adult's occupation: _____

Description of affiliated adult's employment: _____

Optional Disclosures

If desired, describe any real property in which the Board member holds an ownership or other financial interest that the Board member believes may constitute a conflict of interest:

Description of real property: - O -

Description of the type of interest held by the Board member: _____

If desired, describe any other matter or interest that the Board member believes may constitute a conflict of interest:

Description of matter or interest: _____

Description of matter or interest: _____

I believe that the information provided with this disclosure statement is true and accurate to the best of my knowledge.

Date Disclosure Completed 1-16-2025

Board Member Signature: Juanne George



Board of Education Member Conflict of Interest Disclosure

(If additional space or entries are required for any required disclosure item, attach additional pages containing the required information and identifying the disclosure item the information relates to. If additional pages are attached, please check this space: _____.)

Name: Tiffany Nelson

Name of Board member's spouse (if any): Joshua Nelson

Name of each adult residing in Board member's household but not related by blood or marriage (if any): _____

Employment

Board member's current employer(s)

Name of employer: Blue Mountain Dental

Address of employer: UOS. 300 E. Delta UT

Description of Board member's employment with employer: P.D.H.

Board member's job title with employer: P.D.H.

Board member's occupation with employer: Dental Hygienist

Name of employer: _____

Address of employer: _____

Description of Board member's employment with employer: _____

Board member's job title with employer: _____

Board member's occupation with employer: _____

Board member's employer(s) during the past year

(List any employers during the past year not listed above.)

Name of employer: na

Address of employer: na

Description of Board member's employment with employer: na

Board member's job title with employer: na

Board member's occupation with employer: na

Entities

Affiliated entities

(List each entity of which the Board member is currently or in the prior year was an owner or officer)

Name of entity: na

Board member's position in the entity: _____

Description of the type of business or activity conducted by the entity: _____

Name of entity: na

Board member's position in the entity: _____

Description of the type of business or activity conducted by the entity: _____

Investment interests

(List any entity in which the Board member holds stocks or bonds with a fair market value equal to or greater than \$5,000, valued either at present or within the prior year. This excludes funds managed by a third party, such as blind trusts, managed investment accounts and mutual funds.)

Name of entity: na

Description of the type of business or activity conducted by the entity: _____

Name of entity: _____

Description of the type of business or activity conducted by the entity: _____

Other income

(List each individual or entity from whom the Board member received \$5,000 or more in income during the preceding year. Note that if the Board member provides goods or services to multiple customers or clients as part of a business and licensed profession, the Board member is only required to provide this information in relation to the entity or practice through which the Board member provides the goods and services and is not required to provide information about the Board member's individual customers or clients.)

Name of individual or entity: na

Description of the type of business or activity conducted by the individual or entity: _____

Name of individual or entity: na

Description of the type of business or activity conducted by the individual or entity: _____

Entity leadership positions

(List each entity not listed above for which the Board member is currently or in the prior year was either in a paid leadership capacity or in a paid or unpaid position on a board of directors)

Name of entity or organization: na

Board member's position with the entity or organization: _____

Description of the type of business or activity conducted by the entity: _____

Name of entity or organization: na

Board member's position with the entity or organization: _____

Description of the type of business or activity conducted by the entity: _____

Spouse Employment

Current employer(s) of spouse

Name of spouse employer: Ashgrove Cement

Address of spouse employer: _____

Description of spouse's employment with employer: Plant Manager

Spouse's job title with employer: Plant Manager

Spouse's occupation with employer: _____

Name of spouse employer: na

Address of spouse employer: _____

Description of spouse's employment with employer: _____

Spouse's job title with employer: na

Spouse's occupation with employer: _____

Spouse employer(s) during the past year

(List any employers of the Board member's spouse during the past year not listed above.)

Name of spouse employer: na

Address of spouse employer: _____

Description of spouse's employment with employer: _____

Spouse's job title with employer: na

Spouse's occupation with employer: _____

Affiliated Adult Employment

(Complete for each adult residing in Board member's household but not related by blood or marriage)

Affiliated adult's name: na

Affiliated adult's occupation: _____

Description of affiliated adult's employment: _____

Affiliated adult's name: _____

Affiliated adult's occupation: _____

Description of affiliated adult's employment: _____

Optional Disclosures

If desired, describe any real property in which the Board member holds an ownership or other financial interest that the Board member believes may constitute a conflict of interest:

Description of real property: na

Description of the type of interest held by the Board member: _____

If desired, describe any other matter or interest that the Board member believes may constitute a conflict of interest:

Description of matter or interest: _____

Description of matter or interest: _____

I believe that the information provided with this disclosure statement is true and accurate to the best of my knowledge.

Date Disclosure Completed 11/9/25

Board Member Signature: 



Board of Education Member Conflict of Interest Disclosure

(If additional space or entries are required for any required disclosure item, attach additional pages containing the required information and identifying the disclosure item the information relates to. If additional pages are attached, please check this space: _____.)

Name: Sarah Richins

Name of Board member's spouse (if any): Adam Richins

Name of each adult residing in Board member's household but not related by blood or marriage (if any): _____

Employment

Board member's current employer(s)

Name of employer: Fathom Realty

Address of employer: 1443 W. 800 N. Orem, UT 84057

Description of Board member's employment with employer: Realtor

Board member's job title with employer: Realtor

Board member's occupation with employer: Real Estate Agent

Name of employer: _____

Address of employer: _____

Description of Board member's employment with employer: _____

Board member's job title with employer: _____

Board member's occupation with employer: _____

Board member's employer(s) during the past year

(List any employers during the past year not listed above.)

Name of employer: _____

Address of employer: _____

Description of Board member's employment with employer: _____

Board member's job title with employer: _____

Board member's occupation with employer: _____

Entities

Affiliated entities

(List each entity of which the Board member is currently or in the prior year was an owner or officer)

Name of entity: _____

Board member's position in the entity: _____

Description of the type of business or activity conducted by the entity: _____

Name of entity: _____

Board member's position in the entity: _____

Description of the type of business or activity conducted by the entity: _____

Investment interests

(List any entity in which the Board member holds stocks or bonds with a fair market value equal to or greater than \$5,000, valued either at present or within the prior year. This excludes funds managed by a third party, such as blind trusts, managed investment accounts and mutual funds.)

Name of entity: _____

Description of the type of business or activity conducted by the entity: _____

Name of entity: _____

Description of the type of business or activity conducted by the entity: _____

Other income

(List each individual or entity from whom the Board member received \$5,000 or more in income during the preceding year. Note that if the Board member provides goods or services to multiple customers or clients as part of a business and licensed profession, the Board member is only required to provide this information in relation to the entity or practice through which the Board member provides the goods and services and is not required to provide information about the Board member's individual customers or clients.)

Name of individual or entity: _____

Description of the type of business or activity conducted by the individual or entity: _____

Name of individual or entity: _____

Description of the type of business or activity conducted by the individual or entity: _____

Entity leadership positions

(List each entity not listed above for which the Board member is currently or in the prior year was either in a paid leadership capacity or in a paid or unpaid position on a board of directors)

Name of entity or organization: American Legion Auxiliary

Board member's position with the entity or organization: President

Description of the type of business or activity conducted by the entity: (Non-Profit)

Support the American Legion

Name of entity or organization: Millard Care & Rehab

Board member's position with the entity or organization: Board Member

Description of the type of business or activity conducted by the entity: _____

Care & Rehabilitation Facility

Spouse Employment

Current employer(s) of spouse

Name of spouse employer: Millard County

Address of spouse employer: 71 S 200 W Delta

Description of spouse's employment with employer: Planner, Building Official

Spouse's job title with employer: Planner, Building Official

Spouse's occupation with employer: Planner, Building Official

Name of spouse employer: _____

Address of spouse employer: _____

Description of spouse's employment with employer: _____

Spouse's job title with employer: _____

Spouse's occupation with employer: _____

Spouse employer(s) during the past year

(List any employers of the Board member's spouse during the past year not listed above.)

Name of spouse employer: _____

Address of spouse employer: _____

Description of spouse's employment with employer: _____

Spouse's job title with employer: _____

Spouse's occupation with employer: _____

Affiliated Adult Employment

(Complete for each adult residing in Board member's household but not related by blood or marriage)

Affiliated adult's name: _____

Affiliated adult's occupation: _____

Description of affiliated adult's employment: _____

Affiliated adult's name: _____

Affiliated adult's occupation: _____

Description of affiliated adult's employment: _____

Optional Disclosures

If desired, describe any real property in which the Board member holds an ownership or other financial interest that the Board member believes may constitute a conflict of interest:

Description of real property: _____

Description of the type of interest held by the Board member: _____

If desired, describe any other matter or interest that the Board member believes may constitute a conflict of interest:

Description of matter or interest: _____

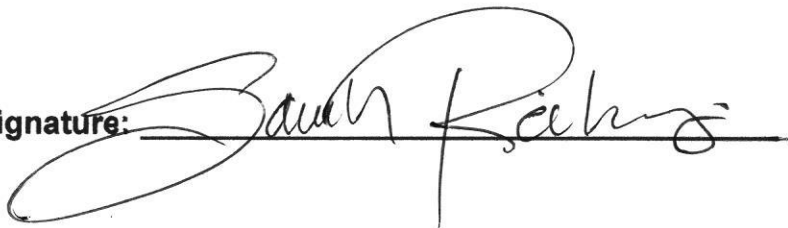
Description of matter or interest: _____

I believe that the information provided with this disclosure statement is true and accurate to the best of my knowledge.

Date Disclosure Completed

Jan. 24, 2025

Board Member Signature:





Board of Education Member Conflict of Interest Disclosure

(If additional space or entries are required for any required disclosure item, attach additional pages containing the required information and identifying the disclosure item the information relates to. If additional pages are attached, please check this space: _____.)

Name: James W. Stephenson

Name of Board member's spouse (if any): Mindy Stephenson

Name of each adult residing in Board member's household but not related by blood or marriage (if any): N/A

Employment

Board member's current employer(s)

Name of employer: Holden Dental (self)

Address of employer: 50 N. Main Holden, UT 84636

Description of Board member's employment with employer: I am an owner of my own dental clinic.

Board member's job title with employer: Owner

Board member's occupation with employer: Dentist

Name of employer: N/A

Address of employer: _____

Description of Board member's employment with employer: _____

Board member's job title with employer: _____

Board member's occupation with employer: _____

Board member's employer(s) during the past year

(List any employers during the past year not listed above.)

Name of employer: N/A

Address of employer: _____

Description of Board member's employment with employer: _____

Board member's job title with employer: _____

Board member's occupation with employer: _____

Entities

Affiliated entities

(List each entity of which the Board member is currently or in the prior year was an owner or officer)

Name of entity: Holden Dental LLC

Board member's position in the entity: owner

Description of the type of business or activity conducted by the entity: _____

Dental Clinic

Name of entity: Holden Dental Properties LLC

Board member's position in the entity: owner

Description of the type of business or activity conducted by the entity: _____

owns my dental clinic property

Investment interests

(List any entity in which the Board member holds stocks or bonds with a fair market value equal to or greater than \$5,000, valued either at present or within the prior year. This excludes funds managed by a third party, such as blind trusts, managed investment accounts and mutual funds.)

Name of entity: N/A

Description of the type of business or activity conducted by the entity: _____

Name of entity: _____

Description of the type of business or activity conducted by the entity: _____

Other income

(List each individual or entity from whom the Board member received \$5,000 or more in income during the preceding year. Note that if the Board member provides goods or services to multiple customers or clients as part of a business and licensed profession, the Board member is only required to provide this information in relation to the entity or practice through which the Board member provides the goods and services and is not required to provide information about the Board member's individual customers or clients.)

Name of individual or entity: N/A

Description of the type of business or activity conducted by the individual or entity: _____

Name of individual or entity: _____

Description of the type of business or activity conducted by the individual or entity: _____

Entity leadership positions

(List each entity not listed above for which the Board member is currently or in the prior year was either in a paid leadership capacity or in a paid or unpaid position on a board of directors)

Name of entity or organization: N/A

Board member's position with the entity or organization: _____

Description of the type of business or activity conducted by the entity: _____

Name of entity or organization: _____

Board member's position with the entity or organization: _____

Description of the type of business or activity conducted by the entity: _____

Spouse Employment

Current employer(s) of spouse

Name of spouse employer: Intermountain Health

Address of spouse employer: Fillmore Hospital 99 S. Main Fillmore

Description of spouse's employment with employer: _____

Radiology Technician

Spouse's job title with employer: Radiology Technology

Spouse's occupation with employer: X-ray, Mamm, & CT technician

Name of spouse employer: N/A

Address of spouse employer: _____

Description of spouse's employment with employer: _____

Spouse's job title with employer: _____

Spouse's occupation with employer: _____

Spouse employer(s) during the past year

(List any employers of the Board member's spouse during the past year not listed above.)

Name of spouse employer: N/A

Address of spouse employer: _____

Description of spouse's employment with employer: _____

Spouse's job title with employer: _____

Spouse's occupation with employer: _____

Affiliated Adult Employment

(Complete for each adult residing in Board member's household but not related by blood or marriage)

Affiliated adult's name: MA

Affiliated adult's occupation: _____

Description of affiliated adult's employment: _____

Affiliated adult's name: _____

Affiliated adult's occupation: _____

Description of affiliated adult's employment: _____

Optional Disclosures

If desired, describe any real property in which the Board member holds an ownership or other financial interest that the Board member believes may constitute a conflict of interest:

Description of real property: none

Description of the type of interest held by the Board member: _____

If desired, describe any other matter or interest that the Board member believes may constitute a conflict of interest:

Description of matter or interest: _____

Description of matter or interest: _____

I believe that the information provided with this disclosure statement is true and accurate to the best of my knowledge.

Date Disclosure Completed 1-8-2025

Board Member Signature: James W. Stephenson