



UTAH STATE SENATE CONFLICT OF INTEREST & FINANCIAL DISCLOSURE

1. Name: **EVAN J. VICKERS**

2. Employment:

Primary Employer	Brief description of employment	Occupation or job title
BULLOCH'S DRUG STORE TOWNSHIP PROFESSIONAL PHARMACY	BUSINESS MANAGEMENT AND RETAIN PHARMACY DUTIES	PHARMACIST/BUSINESS OWNER

3. Entities which you own or of which you are an officer:

Name of entity	Type of activity conducted by the entity	Your position/interest in the entity
BULLOCH'S DRUG STORE TOWNSHIP PROFESSIONAL PHARMACY BULLOCH BUILDING LLC	RETAIL PHARMACY GIFTS, ETC. RETAIL PHARMACY PROPERTY MANAGEMENT	PRESIDENT PRESIDENT 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:

Name of entity	Type of activity by the entity
BULLOCH'S DRUG STORE TOWNSHIP PROFESSIONAL PHARMACY BULLOCK BUILDING LLC UTAH STATE LEGISLATURE	RETAIL PHARMACY RETAIL PHARMACY PROPERTY MANAGEMENT POLITICAL

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):

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:

Name of entity	Type of activity conducted by the entity	Your position/interest in the entity
IRON MISSION FOUNDATION BOARD	OPERATION OF STATE PARK	BOARD OF DIRECTORS
LEAVITT CENTER FOR POLITICS AND PUBLIC POLICY - SUU	PROMOTE POLITICAL ACTION WITH SUN STUDENTS	ADVISORY BOARD MEMBER
FRIENDS OF SHERRAT LIBRARY SUU	LIBRARY ADVISORY BOARD	ADVISORY BOARD MEMBER
VALLEY VIEW MEDICAL CENTER BOARD OF DIRECTORS	HOSPITAL BOARD	BOARD OF DIRECTORS
CEDAR CITY DOWNTOWN PARKING AUTHORITY	CITY PARKING MANAGEMENT	BOARD MEMBER

7. Real property in which you hold an owner or other financial interest that you believe may constitute a conflict of *interest (optional)*:

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:

CHRISTINE J. VICKERS

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:

Name	Brief description of employment	Occupation
CHRISTINE J. VICKERS	BUSINESS OWNER/MANAGER	BUSINESS OWNER/MANAGER

10. Any other matter or interest you believe may constitute a conflict of interest:

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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:

(Signature) S/ EVAN J. VICKERS (Date) 1/21/2014

Received by the Secretary of the Senate:

(Signature) S/LESLIE MCLEAN (Date) 1/21/2014

(See 2010 General Session, HB 270, page 13, 14 - i, ii, iii, iv, v, vi, vii, viii, ix, x)