



**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
WEBER STATE UNIVERSITY	HIGHER EDUCATION
MERIT MEDICAL	MEDICAL DEVICES

**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**

[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
<b>MASTER LIMITED PARTNERSHIPS</b> <b>1. LINN CO., LLC</b> <b>2. TEEKAY OFFSHORE PARTNERS</b> <b>3. MEMORIAL PRODUCTION PARTNERS</b>  <b>REVENUE BONDS</b> <b>4. UNIVERSITY OF WASHINGTON HOUSING</b> <b>5. WASHINGTON STATE G.O.</b> <b>6. DELTONA FLORIDA TRANSPORTATION</b>	<b>PUBLICALLY TRADED MASTER LIMITED PARTNERSHIPS</b> <b>1,2,3</b>  <b>MUNICIPAL BONDS 4,5,6</b>

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
MERIT MEDICAL INTERMOUNTAIN HEALTHCARE	MEDICAL DEVICE HEALTHCARE	BOARD OF DIRECTORS BOARD MEMBER
UTAH FOUNDATION EDUCATION FIRST USAF AIR UNIVERSITY	PUBLIC POLICY RESEARCH EDUCATION ADVOCACY HIGHER EDUCATION	BOARD MEMBER CO-CHAIR BOARD OF VISITORS MEMBER

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
NONE	

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:  NONE
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<b>Names of OTHER ADULTS residing in home who are not related by blood or marriage:</b>
RICHARD AND ROSE ULIBARRI

**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]*

<b>SPOUSE's current employer(s):</b>	<b>Address of spouse's current employer(s)</b>
<b>SPOUSES's employer(s) in the preceding year:</b>	<b>Address of spouse's preceding year employer(s)</b>
<b>Information for other adults not related by blood or marriage who are living in the same home as officeholder:</b>	<b>Brief description of employment &amp; occupation</b>
<b>NAME OF INDIVIDUAL: ROSE ULIBARRI</b>	<b>RETIRED</b>
<b>NAME OF INDIVIDUAL: RICHARD ULIBARRI</b>	<b>Brief description of employment &amp; occupation RETIRED</b>

**10. 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:**

(Signature) S/F. ANN MILLNER

(Date) 07/30/2015

**Received by the Secretary of the Senate:**

(Signature) S/LESLIE MCLEAN

(Date) 07/30/2015