



UTAH STATE SENATE CONFLICT OF INTEREST & FINANCIAL DISCLOSURE

1. Name: STUART C. REID

2. Employment:

| Primary Employer | Brief description of employment | Occupation or job title |
|------------------|---------------------------------|-------------------------|
| SELF-EMPLOYED | | |

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 |
|----------------|--|--------------------------------------|
| S.C. REID, LLC | ECONOMIC DEVELOPMENT | OWNER/OPERATOR |

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 |
|--|--|
| OGDEN CITY SC REID, LLC THE BARR COMPANY | ECONOMIC DEVELOPMENT/GOVERNMENT ECONOMIC DEVELOPMENT REAL ESTATE |

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 |
|----------------|--|
| | |

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 |
|----------------|--|--------------------------------------|

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:

LAURA REID

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 |
| RISE | EMPLOYED TO HELP WITH DISABLED INDIVIDUALS | STAFF SUPERVISOR |

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/STUART C. REID (Date) 11/18/2010

Received by the Secretary of the Senate:

(Signature) S/ANNETTE MOORE (Date) 12/14/2010

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

Revised July 2010