

South Davis Sewer District Conflict of Interest Disclosure Form

This form uses tables. Please add as many additional rows as necessary for each item.

| | |
|------------------------------|----------------------|
| Date This Form was Completed | JAN. 8 2025 |
| Name of Officeholder | HOWARD G. BURNINGHAM |

Section 1: Employment

You must disclose all current employers as well as any employers during the preceding year.

| Current Employer | Address | Occupation/Job Title |
|------------------|---------|----------------------|
| RETIRED | | |

| Non-current Employers from Preceding Year | Address | Occupation/Job Title |
|---|---------|----------------------|
| | | |

Section 2: Entities in which you are an owner or officer

You must disclose all current entities as well as any entities during the preceding year.

| Name of Entity (Current) | Type of business or activity conducted by the entity | Your position in the entity |
|--------------------------|--|-----------------------------|
| NONE | | |

| Non-current Entities from preceding year | Type of business or activity conducted by the entity | Your position in the entity |
|--|--|-----------------------------|
| | | |

Section 3: Income Sources

You must disclose each individual or entity from whom you have received \$5,000 or more in income currently and during the preceding year.

If you provide goods or services to multiple customers or clients as part of a business or a licensed profession, you are only required to provide this information in relation to the entity or practice through which the regulated officeholder provides the goods or services and you are not required to provide the information in relation to individual customers or clients.

| Name of Individual or Entity | Type of business or activity conducted by the individual or entity |
|------------------------------|--|
| NONE | |

Section 4: Investments

You must disclose 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 disclosure or during the preceding year but excluding funds

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that are managed by a third party, including blind trusts, managed investment accounts, and mutual funds.

| Name of Entity (Current) | Type of business or activity conducted by the entity |
|--------------------------|--|
| NONE | |

| Non-current Entities from Preceding Year | Type of business or activity conducted by the entity |
|--|--|
| | |

Section 5: Leadership Roles

You must disclose each entity in which you currently serve, or served in the preceding year, in a paid leadership capacity or in a paid or unpaid position on a board of directors. Do not include entities that you already included in Sections 2, 3 or 4.

| Name of Entity (Current) | Type of business or activity conducted by the entity | Your position in the entity |
|----------------------------|--|-----------------------------|
| SOUTH DAVIS SEWER DISTRICT | WASTE WATER | TRUSTEE |

| Non-current Entities from Preceding Year | Type of business or activity conducted by the entity | Your position in the entity |
|--|--|-----------------------------|
| | | |

Section 6: Real Property (Optional)

You may disclose a real property that you hold an ownership or other financial interest that you believe may constitute a conflict of interest.

| Property Details | Type of Interest Held |
|------------------|-----------------------|
| NONE | |

Section 7: Spouse

You must disclose the name of your spouse as well as all current employers as well as any employers during the preceding year.

| | |
|----------------|---------------------|
| Name of Spouse | VICKI N. BURNINGHAM |
|----------------|---------------------|

| Current Employer of Spouse | Address | Occupation/Job Title |
|----------------------------|---------|----------------------|
| RETIRED | | |

| Non-current Employers of Spouse from Preceding | Address | Occupation/Job Title |
|--|---------|----------------------|
| | | |

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| Year | | |
|------|--|--|
| | | |

Section 8: Other Adult Household Members

You must disclose the name of any adult in your household who is not related by blood or marriage as well as all current employers and occupations. Please copy and paste these tables if you need to disclose more than one individual.

| | |
|--------------------|------|
| Name of Individual | NONE |
|--------------------|------|

| Current Employer of Individual | Address | Occupation/Job Title |
|--------------------------------|---------|----------------------|
| | | |

Section 9: Additional Disclosures (Optional)

You may disclose any other matter or interest that you believe may constitute a conflict of interest.

| | |
|-------------|------|
| Description | NONE |
|-------------|------|

I certify that I believe this form to be true and accurate to the best of my knowledge.



Signature of Special Public Officer