



CONFLICT OF INTEREST DISCLOSURE STATEMENT

Under the provisions of the Municipal Officers' and Employees Ethics Act U.C.A. §§10-3-1313 et. seq. I, the undersigned, make the following statement regarding any conflicts of interest. *(Type or print all information.)*

Regulated Officeholder's Name

Michael Morgan

Name and Address of each of the Regulated Officeholder's Current Employers and Employers for the Preceding Year

Nephi City
21 East 100 North Nephi, Utah 84648

For Each Employer in the Previous Box, Provide a Brief Description of the Employment, Including the Regulated Officeholder's Occupation and Job Title

Provide administration and supervision over all Nephi City Police officers.
Police Officer
Chief of Police

For Each Entity in Which the Regulated Officeholder is an Owner or Officer, or was an Owner or Officer During the Preceding Year Provide: 1) The Name of the Entity; 2) A Brief Description of the Type of Business or Activity Conducted by the Entity; and 3) The Regulated Officeholder's Position in the Entity

None



For Each Individual from Whom, or Entity from Which, the Regulated Officeholder has received \$5,000 or More in Income During the Preceding Year Provide the Following: 1) The Name of the Individual or Entity; and 2) A Brief Description of the Type of Business or Activity conducted by the Individual or Entity.

None

For Each Entity in Which the Regulated Officeholder Holds Any Stocks or Bonds Having a Fair Market Value of \$5,000 or More as of the Date of the Disclosure Form or During the Preceding Year, but Excluding Funds that are Managed by a Third Party, Including Blind Trusts, Managed Investment Accounts, and Mutual Funds, Provide the Following: 1) The Name of the Entity; and 2) A Brief Description of the Type of Business or Activity conducted by the Entity.

None

For Each Entity Not Listed Above in Which the Regulated Officeholder Currently Serves, or Served in the Preceding Year, in a Paid Leadership Capacity or in a Paid or Unpaid Position on a Board of Directors, Provide the Following: 1) The Name of the Entity or Organization; 2) A Brief Description of the Type of Business or Activity conducted by the Entity; and 3) The Type of Position Held by the Regulated Officeholder

None



(Optional) A Description of Any Real Property in Which the Regulated Officeholder Holds An Ownership or Other Financial Interest that the Regulated Officeholder believes May Constitute a Conflict of Interest, Including a Description of the Type of Interest held by the Regulated Officeholder in the Property

None

List the Regulated Officeholder's Spouse's Name and the Name(s) of Any Other Adult(s) Residing in the Household Who is/are Not Related by Blood or Marriage (if needed, include additional names on separate sheets of paper).

Spouse's name: Casie Morgan

Other adult's name:

Other adult's name:

Other adult's name:

Other adult's name:

Other adult's name

Other adult's name

For the Regulated Officeholder's Spouse, the Name and Address of Each of Their Current Employers and Each of the Employers During the Preceding Year

Central Valley Medical Center 48 W. 1500 N. Nephi Utah 84648

A Brief Description of the Employment and Occupation of Each Adult who: 1) Resides in the Regulated Officeholder's Household; and 2) Is Not Related to the Regulated Officeholder by Blood or Marriage

None

(Optional) A Description of Any Other Matter or Interest that the Regulated Officeholder Believes May Constitute a Conflict of Interest

None



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

[Handwritten Signature] *1/29/25*

Regulated Officeholder Signature Date