## **Board of Education Member Conflict of Interest Disclosure**

(If additional space or entries are required for any required disclosure item, attach additional pages containing the required information and identifying the disclosure item the information relates to. If additional pages are attached, please check this space: \_\_\_\_\_) Name: Holly Neibaur Hayes Name of Board member's spouse (if any): \_\_n/a Name of each adult residing in Board member's household but not related by blood or marriage (if any): \_\_\_\_\_n/a **Employment** Board member's current employer(s) Name of employer: Neibaur Family Orthodontics Address of employer: \_\_\_\_\_155 E. 13800 S., Draper, UT (main office) Description of Board member's employment with employer: owner, operator, office manager, financial coordinator/treatment coordinator Board member's job title with employer: \_\_\_\_\_ Board member's occupation with employer: \_\_\_\_\_ Name of employer: Address of employer: Description of Board member's employment with employer: Board member's job title with employer: \_\_\_\_\_ Board member's occupation with employer: Board member's employer(s) during the past year (List any employers during the past year not listed above.) Name of employer: \_\_\_\_\_ Address of employer: \_\_\_\_\_ Description of Board member's employment with employer: Board member's job title with employer: \_\_\_\_\_ Board member's occupation with employer: \_\_\_\_\_

## **Entities**

## Affiliated entities

List each entity of which the Board membe	r <u>is</u> currently <u>or</u> in the prior year <u>was</u> an owner or officer)
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Name of entity: Neibaur Family Orthodontics, Salt City Orthodontics, and Holly Ann Design
Board member's position in the entity: <u>owner, operator, office manager, financial</u> coordinator/treatment coordinator
Description of the type of business or activity conducted by the entity:
Name of entity:
Board member's position in the entity:
Description of the type of business or activity conducted by the entity:
Investment interests
(List any entity in which the Board member holds stocks or bonds with a fair market value equal to or greater than \$5,00 valued either at present or within the prior year. This excludes funds managed by a third party, such as blind trusts, managed investment accounts and mutual funds.)
Name of entity:
Description of the type of business or activity conducted by the entity:
Name of entity:  Description of the type of business or activity conducted by the entity:
Other income
(List each individual or entity from whom the Board member received \$5,000 or more in income during the preceding year Note that if the Board member provides goods or services to multiple customers or clients as part of a business and licensed profession, the Board member is only required to provide this information in relation to the entity or practice through which the Board member provides the goods and services and is not required to provide information about the Board member's individual customers or clients.)
Name of individual or entity:n/a
Description of the type of business or activity conducted by the individual or entity:
Name of individual or optity:
Name of individual or entity:
Description of the type of business or activity conducted by the individual or entity:

Entity leadership positions
(List each entity not listed above for which the Board member is currently or in the prior year was either in
is a solution of a paid of unpaid position on a board of directors)
Name of entity or organization:
Board member's position with the entity or organization:
Description of the type of business or activity conducted by the entity:
Name of entity or organization:
Board member's position with the entity or organization:
Description of the type of business or activity conducted by the entity:
Spouse Employment
Current employer(s) of spouse
Name of spouse employer:n/a
Address of spouse employer:
Description of spouse's employment with employer:
Spouse's job title with employer:
Spouse's occupation with employer:
Name of spouse employer:
Address of spouse employer:
Description of spouse's employment with employer:
Spouse's job title with employer:
Spouse's occupation with employer:
Spouse employer(s) during the past year
(List any employers of the Board member's spouse during the past year not listed above.)

Name of spouse employer: \_\_\_\_\_

Description of spouse's employment with employer:

Address of spouse employer: \_\_\_\_

Spouse's job title with employer:
Spouse's occupation with employer:
Affiliated Adult Employment
(Complete for each adult residing in Board member's household but not related by blood or marriage)
Affiliated adult's name:
Affiliated adult's occupation:
Description of affiliated adult's employment:
Affiliated adult's name:
Affiliated adult's occupation:
Description of affiliated adult's employment:
Optional Disclosures
If desired, describe any real property in which the Board member holds an ownership or other financial interest that the Board member believes may constitute a conflict of interest:
Description of real property:
Description of the type of interest held by the Board member:
If desired, describe any other matter or interest that the Board member believes may constitute a conflict of interest:
Description of matter or interest:
Description of matter or interest:
I believe that the information provided with this disclosure statement is true and accurate to the best of my knowledge.
Date Disclosure Completed Sept. 19, 2025
Board Member Signature: