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: Eileen Gallagher

Name of Board member's spouse (if any): Tim Gallagher

Name of each adult residing in Board member's household but not related by blood or marriage (if any): _____

Employment

Board member's current employer(s)

Name of employer: Gallagher Pediatrics

Address of employer: 1441 West Ute Boulevard Suite 220

Description of Board member's employment with employer: Owner

Board member's job title with employer: Owner

Board member's occupation with employer: Physician

Name of employer: as above

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 member is currently or in the prior year was an owner or officer)

Name of entity: as above (Gallagher Pediatrics only)

Board member's position in the entity: _____

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 $5,000, 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: none

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: none

Description of the type of business or activity conducted by the individual or entity: _____

_____

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 a paid leadership capacity or in a paid or unpaid position on a board of directors)

Name of entity or organization: none

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: Gallagher Built

Address of spouse employer: 1317 Ptarmigan Loop

Description of spouse's employment with employer: owner

_____

Spouse's job title with employer: owner

Spouse's occupation with employer: carpenter

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: as above

Address of spouse employer: _____

Description of spouse's employment with 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: N/A

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: None

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: As a practicing pediatrician in the community, I would want to be recused from personnel or student disciplinary matters related to my patients.

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 3/5/2025

Board Member Signature: EBallagerMD