

## Ethics and Disclosure Statement

### Huntsville Town

Utah Code Annotated §20A-11-1604 requires disclosure of certain actual or potential conflicts of interest between public duties and private business interests or relationships, if any.

To the best of your knowledge please fill out the information below. Please see our office for notary requirements.

Candidate/Officeholder: Allen Endicott

Office: Planning Commission Chair

1A: The name(s) and address(es) of each of the individual's current employer(s) and name(s) and address(es) of each of the individual's employers during the preceding year.

- Current Employer(s):  
Crossroads of the West Council  
1200 E. 5400 S. Ogden, UT 84403
- Previous Employer(s):

SAME

1B: For each employer described in Item 1A, a brief description of the employment, including the individual's occupation, and, as applicable, job title.

- Current Employment:  
Scout Executive
- Previous Employment:

SAME

2A: The name of any entity in which the individual is an owner or officer or was an owner or officer during the preceding year.

N/A

2B: A brief description of the type of business or activity conducted by the entity(ies) described in Item 2A

N/A

2C: Individual's position in the entity(ies) described in Item 2A

N/A

3A: The name of each individual from whom, or entity from which, the individual has received \$5,000 or more in income during the preceding year.

NONE

3B: A brief description of the type of business or activity conducted by the individual or entity described in Item 3A.

NONE

4A: The name of each entity in which the individual 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 (excluding funds that are managed by a third party, including blind trusts, managed investment accounts, and mutual funds).

NONE

4B: A brief description of the type of business or activity conducted by the entity(ies) described in Item 4A.

NONE

5A: The name of each entity or organization not described in Items 2A through 4B of this form in which the individual currently serves, or served in the preceding year, on the board of directors or in any other type of paid leadership capacity.

None

5B: A brief description of the type of business or activity conducted by the entity(ies) or organization(s) described in Item 5A

None

5C: Description of the type of advisory position held by the individual within the entity(ies) organization(s) described in Item 5A.

None

6A (Optional): Description of any real property in which the individual holds an ownership or other financial interest that the individual believes may constitute a conflict of interest.

\_\_\_\_\_

6B (Optional): Description of type of interest held by the individual in the property(ies) described in Item 6A.

\_\_\_\_\_

7A: The name(s) of the individual's spouse and any other adult residing in the individual's household who is not related by blood or marriage, as applicable.

• Spouse: Beckki Endicott

• Other Adults:

\_\_\_\_\_

7B: For the individual's spouse, the name(s) and address(es) of each current employer(s) and name(s) and address(es) of each employer(s) during the preceding year.

- Spouse's Current Employer(s): *Huntsville Town . 7474 E. 200 S.*
- Spouse's Previous Employer(s): *Huntsville, UT*  
*SAME*

7C: A brief description of the employment and occupation of each adult who resides in the individual's household and is not related to the individual by blood or marriage.

*Town Clerk*

8A (Optional): A description of any other matter or interest that the individual believes may constitute a conflict of interest.

\_\_\_\_\_

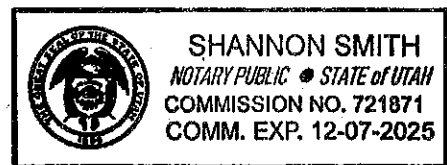
Date: 1/23/2025

I, the regulated officeholder or candidate, believe this form is true and accurate to the best of my knowledge. (Check box)

*[Handwritten Signature]*

Candidate/Officeholder's Signature

*[Handwritten Signature]*  
*1/23/2025*



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To the best of your knowledge please fill out the information below. Please see our office for notary requirements.

Candidate/Officeholder:

Steve Souper

Office:

Planning Commission

1A: The name(s) and address(es) of each of the individual's current employer(s) and name(s) and address(es) of each of the individual's employers during the preceding year.

- ~~Current Employer(s):~~ none
- ~~Previous Employer(s):~~ none

1B: For each employer described in Item 1A, a brief description of the employment, including the individual's occupation, and, as applicable, job title.

- Current Employment: retired artist
- Previous Employment: Teacher

2A: The name of any entity in which the individual is an owner or officer or was an owner or officer during the preceding year.

Steve Souper Studio

2B: A brief description of the type of business or activity conducted by the entity(ies) described in Item 2A

Art Production

2C: Individual's position in the entity(ies) described in Item 2A

OWNER

3A: The name of each individual from whom, or entity from which, the individual has received \$5,000 or more in income during the preceding year.

Montgomery Lee Fine Art

3B: A brief description of the type of business or activity conducted by the individual or entity described in Item 3A.

Gallery

4A: The name of each entity in which the individual 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 (excluding funds that are managed by a third party, including blind trusts, managed investment accounts, and mutual funds).

Nvidia  
Delta Air  
Walmart

4B: A brief description of the type of business or activity conducted by the entity(ies) described in Item 4A.

AI, Airline, Retail Store

5A: The name of each entity or organization not described in Items 2A through 4B of this form in which the individual currently serves, or served in the preceding year, on the board of directors or in any other type of paid leadership capacity.

None

5B: A brief description of the type of business or activity conducted by the entity(ies) or organization(s) described in Item 5A.

5C: Description of the type of advisory position held by the individual within the entity(ies) organization(s) described in Item 5A.

None

6A (Optional): Description of any real property in which the individual holds an ownership or other financial interest that the individual believes may constitute a conflict of interest.

Property (1 lot) in Huntsville town

6B (Optional): Description of type of interest held by the individual in the property(ies) described in Item 6A.

owner

7A: The name(s) of the individual's spouse and any other adult residing in the individual's household who is not related by blood or marriage, as applicable.

• Spouse: Patricia Souler

• Other Adults:

7B: For the individual's spouse, the name(s) and address(es) of each current employer(s) and name(s) and address(es) of each employer(s) during the preceding year.

- Spouse's Current Employer(s): H.W.
- Spouse's Previous Employer(s): H.W.

7C: A brief description of the employment and occupation of each adult who resides in the individual's household and is not related to the individual by blood or marriage.

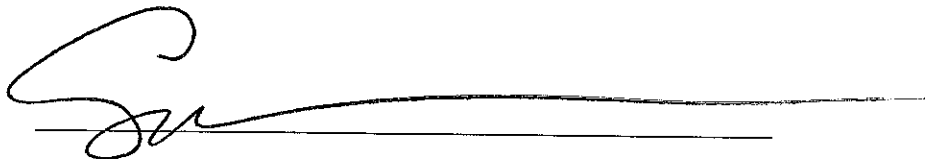
none

8A (Optional): A description of any other matter or interest that the individual believes may constitute a conflict of interest.

none

Date: Feb. 26, 2015

I, the regulated officeholder or candidate, believe this form is true and accurate to the best of my knowledge. (Check box)



Candidate/Officeholder's Signature



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To the best of your knowledge please fill out the information below. Please see our office for notary requirements.

Candidate/Officeholder: Jeff Larsen

Office: Planning Commissioner

1A: The name(s) and address(es) of each of the individual's current employer(s) and name(s) and address(es) of each of the individual's employers during the preceding year.

- Current Employer(s): AmerSports winter/outdoor (Salomon)  
2030 Lincoln Ave  
Ogden, UT 84401
- Previous Employer(s): same

1B: For each employer described in Item 1A, a brief description of the employment, including the individual's occupation, and, as applicable, job title.

- Current Employment: Sales executive  
UP North American Sales
- Previous Employment: same.

2A: The name of any entity in which the individual is an owner or officer or was an owner or officer during the preceding year.

N/A

2B: A brief description of the type of business or activity conducted by the entity(ies) described in Item 2A

N/A

2C: Individual's position in the entity(ies) described in Item 2A

N/A

3A: The name of each individual from whom, or entity from which, the individual has received \$5,000 or more in income during the preceding year.

N/A

3B: A brief description of the type of business or activity conducted by the individual or entity described in Item 3A.

N/A

4A: The name of each entity in which the individual 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 (excluding funds that are managed by a third party, including blind trusts, managed investment accounts, and mutual funds).

Computershare  
Charles Schwab

4B: A brief description of the type of business or activity conducted by the entity(ies) described in Item 4A.

Investment accounts

5A: The name of each entity or organization not described in Items 2A through 4B of this form in which the individual currently serves, or served in the preceding year, on the board of directors or in any other type of paid leadership capacity.

N/A

5B: A brief description of the type of business or activity conducted by the entity(ies) or organization(s) described in Item 5A

N/A

5C: Description of the type of advisory position held by the individual within the entity(ies) organization(s) described in Item 5A.

N/A

6A (Optional): Description of any real property in which the individual holds an ownership or other financial interest that the individual believes may constitute a conflict of interest.

N/A

6B (Optional): Description of type of interest held by the individual in the property(ies) described in Item 6A.

N/A

7A: The name(s) of the individual's spouse and any other adult residing in the individual's household who is not related by blood or marriage, as applicable.

- Spouse: Kristin Larsen
- Other Adults:

7B: For the individual's spouse, the name(s) and address(es) of each current employer(s) and name(s) and address(es) of each employer(s) during the preceding year.

- Spouse's Current Employer(s): N/A
- Spouse's Previous Employer(s): N/A

7C: A brief description of the employment and occupation of each adult who resides in the individual's household and is not related to the individual by blood or marriage.

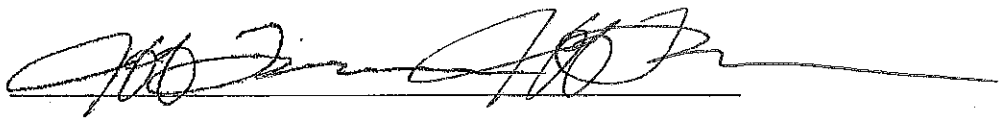
N/A

8A (Optional): A description of any other matter or interest that the individual believes may constitute a conflict of interest.

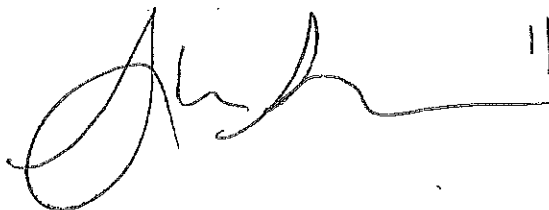
N/A

Date: 1/8/25

I, the regulated officeholder or candidate, believe this form is true and accurate to the best of my knowledge. (Check box)



Candidate/Officeholder's Signature



1/8/2025

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To the best of your knowledge please fill out the information below. Please see our office for notary requirements.

Candidate/Officeholder: Liz Faulter

Office: Planning Commission

1A: The name(s) and address(es) of each of the individual's current employer(s) and name(s) and address(es) of each of the individual's employers during the preceding year.

- Current Employer(s): Retired RN Ogden Regional Medical Center
- Previous Employer(s):

1B: For each employer described in Item 1A, a brief description of the employment, including the individual's occupation, and, as applicable, job title.

- Current Employment: none
- Previous Employment:

2A: The name of any entity in which the individual is an owner or officer or was an owner or officer during the preceding year.

none

2B: A brief description of the type of business or activity conducted by the entity(ies) described in Item 2A

NA

2C: Individual's position in the entity(ies) described in Item 2A

NA

3A: The name of each individual from whom, or entity from which, the individual has received \$5,000 or more in income during the preceding year.

NA

3B: A brief description of the type of business or activity conducted by the individual or entity described in Item 3A.

NA

4A: The name of each entity in which the individual 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 (excluding funds that are managed by a third party, including blind trusts, managed investment accounts, and mutual funds).

NA

4B: A brief description of the type of business or activity conducted by the entity(ies) described in Item 4A.

NA

7B: For the individual's spouse, the name(s) and address(es) of each current employer(s) and name(s) and address(es) of each employer(s) during the preceding year.

- Spouse's Current Employer(s): *NA*
- Spouse's Previous Employer(s):

7C: A brief description of the employment and occupation of each adult who resides in the individual's household and is not related to the individual by blood or marriage.

*NA*

8A (Optional): A description of any other matter or interest that the individual believes may constitute a conflict of interest.

*NA*

Date: *1/24/2025*

I, the regulated officeholder or candidate, believe this form is true and accurate to the best of my knowledge. (Check box)

*[Handwritten Signature]*

Candidate/Officeholder's Signature

*[Handwritten Signature]*  
*1/24/2025*



7B: For the individual's spouse, the name(s) and address(es) of each current employer(s) and name(s) and address(es) of each employer(s) during the preceding year.

- Spouse's Current Employer(s): *NA*
- Spouse's Previous Employer(s):

7C: A brief description of the employment and occupation of each adult who resides in the individual's household and is not related to the individual by blood or marriage.

*NA*

8A (Optional): A description of any other matter or interest that the individual believes may constitute a conflict of interest.

*NA*

Date: *1/24/2025*

I, the regulated officeholder or candidate, believe this form is true and accurate to the best of my knowledge. (Check box)

*[Handwritten Signature]*  
\_\_\_\_\_

Candidate/Officeholder's Signature

*[Handwritten Signature]*  
*1/24/2025*





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Candidate/Officeholder: Suzanne Ellison Ferrer

Office: Plan Commission

1A: The name(s) and address(es) of each of the individual's current employer(s) and name(s) and address(es) of each of the individual's employers during the preceding year.

- Current Employer(s): Retired
- Previous Employer(s): Ogden City Schools

1B: For each employer described in Item 1A, a brief description of the employment, including the individual's occupation, and, as applicable, job title.

- Current Employment: Retired
- Previous Employment: Ogden City Schools

2A: The name of any entity in which the individual is an owner or officer or was an owner or officer during the preceding year.

na

2B: A brief description of the type of business or activity conducted by the entity(ies) described in Item 2A *na*

2C: Individual's position in the entity(ies) described in Item 2A  
*Counselor, Teacher, Principal,  
District office Administrator*

3A: The name of each individual from whom, or entity from which, the individual has received \$5,000 or more in income during the preceding year.

*na*

3B: A brief description of the type of business or activity conducted by the individual or entity described in Item 3A.

*na*

4A: The name of each entity in which the individual 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 (excluding funds that are managed by a third party, including blind trusts, managed investment accounts, and mutual funds).

*na*

4B: A brief description of the type of business or activity conducted by the entity(ies) described in Item 4A.

*Education of students*

5A: The name of each entity or organization not described in Items 2A through 4B of this form in which the individual currently serves, or served in the preceding year, on the board of directors or in any other type of paid leadership capacity.

*na*

5B: A brief description of the type of business or activity conducted by the entity(ies) or organization(s) described in Item 5A

*na*

5C: Description of the type of advisory position held by the individual within the entity(ies) organization(s) described in Item 5A.

*na*

6A (Optional): Description of any real property in which the individual holds an ownership or other financial interest that the individual believes may constitute a conflict of interest.

*na*

6B (Optional): Description of type of interest held by the individual in the property(ies) described in Item 6A.

*na*

7A: The name(s) of the individual's spouse and any other adult residing in the individual's household who is not related by blood or marriage, as applicable.

• Spouse: *Max S. Ferre*

*na*

• Other Adults:

7B: For the individual's spouse, the name(s) and address(es) of each current employer(s) and name(s) and address(es) of each employer(s) during the preceding year.

- Spouse's Current Employer(s): *Retired*
- Spouse's Previous Employer(s):

7C: A brief description of the employment and occupation of each adult who resides in the individual's household and is not related to the individual by blood or marriage.

8A (Optional): A description of any other matter or interest that the individual believes may constitute a conflict of interest. *na*

Date: 1/24/2025

I, the regulated officeholder or candidate, believe this form is true and accurate to the best of my knowledge. (Check box)

*Suzanne Tellison Ferre*

Candidate/Officeholder's Signature

*[Handwritten Signature]*  
*1/24/2025*



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To the best of your knowledge please fill out the information below. Please see our office for notary requirements.

Candidate/Officeholder: JOHN S. HENDERSON,

Office: PLANNING COMMISSION - ALTERNATE

1A: The name(s) and address(es) of each of the individual's current employer(s) and name(s) and address(es) of each of the individual's employers during the preceding year.

- Current Employer(s): SELF EMPLOYED
- Previous Employer(s): SELF EMPLOYED.

1B: For each employer described in Item 1A, a brief description of the employment, including the individual's occupation, and, as applicable, job title.

- Current Employment: COACH/CONSULTOR CMHC
- Previous Employment: COACH/CONSULTOR CMHC

2A: The name of any entity in which the individual is an owner or officer or was an owner or officer during the preceding year.

RYSON WAY LLC  
RYSON HANDED LLC  
ONE MILE RUN LLC

2B: A brief description of the type of business or activity conducted by the entity(ies) described in Item 2A

REAL-ESTATE-CONSTRUCTED  
DEVELOPMENT.

2C: Individual's position in the entity(ies) described in Item 2A

FOUNDER / PARTNER

3A: The name of each individual from whom, or entity from which, the individual has received \$5,000 or more in income during the preceding year.

N/A

3B: A brief description of the type of business or activity conducted by the individual or entity described in Item 3A.

N/A

4A: The name of each entity in which the individual 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 (excluding funds that are managed by a third party, including blind trusts, managed investment accounts, and mutual funds).

N/A

4B: A brief description of the type of business or activity conducted by the entity(ies) described in Item 4A.

N/A -

5A: The name of each entity or organization not described in Items 2A through 4B of this form in which the individual currently serves, or served in the preceding year, on the board of directors or in any other type of paid leadership capacity.

~~PVA~~ Paralyzed Veterans of America -  
PVA - MOUNTAIN STATES CHAPTER -  
OBDEW VALLEY ADAPTIVE SPORTS.

5B: A brief description of the type of business or activity conducted by the entity(ies) or organization(s) described in Item 5A

NON PROFIT - ADAPTIVE SPORTS AND RECREATION  
- ADVOCATE PARALYZED VETERANS.

5C: Description of the type of advisory position held by the individual within the entity(ies) organization(s) described in Item 5A.

BOARD OF DIRECTORS - PVA  
CHAIR ADVISORY COMMITTEE - OVAS.

6A (Optional): Description of any real property in which the individual holds an ownership or other financial interest that the individual believes may constitute a conflict of interest.

N/A

6B (Optional): Description of type of interest held by the individual in the property(ies) described in Item 6A.

N/A

7A: The name(s) of the individual's spouse and any other adult residing in the individual's household who is not related by blood or marriage, as applicable.

- Spouse: LAUREL DUDLEY HENDERSON -
- Other Adults:

7B: For the individual's spouse, the name(s) and address(es) of each current employer(s) and name(s) and address(es) of each employer(s) during the preceding year.

- Spouse's Current Employer(s): SELF EMPLOYED
- Spouse's Previous Employer(s): SELF EMPLOYED.

7C: A brief description of the employment and occupation of each adult who resides in the individual's household and is not related to the individual by blood or marriage.

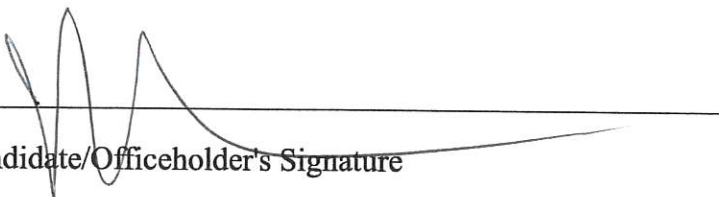
FREELANCE JOURNALISM.

8A (Optional): A description of any other matter or interest that the individual believes may constitute a conflict of interest.

N/A.

Date: 01-27-25

I, the regulated officeholder or candidate, believe this form is true and accurate to the best of my knowledge. (Check box)

  
Candidate/Officeholder's Signature

  
1/27/25

