



Delta City Annual Conflict of Interest Disclosure Form

The following disclosures are required to be made annually by all elected officers of Delta City pursuant to the Municipal Officers' and Employees' Act Title 13 Chapter 3.

The following disclosures are required to be made annually by all elected and appointed officials of Delta City pursuant to Municipal Officers' and Employees' Ethics Act, Utah Code §10-3-1306, 1307, and 1308 and Delta City Code § 1-09 Conflict of Interest and § 1.10 Municipal Ethics.

Per statute, the information provided shall be posted to the municipality's website until the elected/appointed officer leaves office.

I, Nicholas Kilback am the duly elected/appointed
City Council Member of Delta City.

Current employers and any previous employers during the preceding year.

Employer Name	Address	Description of Employment, Occupation and Job Title
Sonora Drug	215 W Main Delta	Pharmacist

Entities in which I am currently an owner or officer, or was an owner or officer during the preceding year.

Entity Name	Position in Entity	Brief description of type of business or activity conducted by this entity
Sonora Drug	Officer	Pharmacy



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Entities or Individuals from which I have received \$5,000.00 or more in income during the preceding year. *Note: The Elected Officer is only required to provide the information below in relation to the entity or practice through which the Election Officer provides the goods or services and is not required to provide information of individual customers or clients.*

Entity Name	Description of type of business or activity conducted by this entity

Entities I hold stocks or bonds in that have a fair market value of \$5,000.00 or more as of the date of this disclosure or during the preceding year. *(Excluding funds managed by a third party such as blind trusts, managed investment accounts, and mutual funds.)*

Entity Name	Description of type of business or activity conducted by this entity
	<i>Alaska Helicopters</i>

Entities, not listed above, in which I 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.

Entity Name	Position in Entity	Brief description of type of business or activity conducted by this entity
<i>Millard County</i>	<i>Care Center Board Chairman</i>	<i>Local Long Term Care Facility</i>



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Description of any real property in which the I hold an ownership or other financial interest that may constitute a conflict of interest.

Description of real property	Type of interest and/or conflict

Name of my spouse Danville Kellpack
My spouse's current employer and any previous employes during the preceding year.

Employer Name	Address	Description of Employment, Occupation and Job Title
Service Drug	215 W Main	Buyer

Other adults living in my home who are not related to me by blood or marriage and employment information.

Name	Description of Employment and Occupation

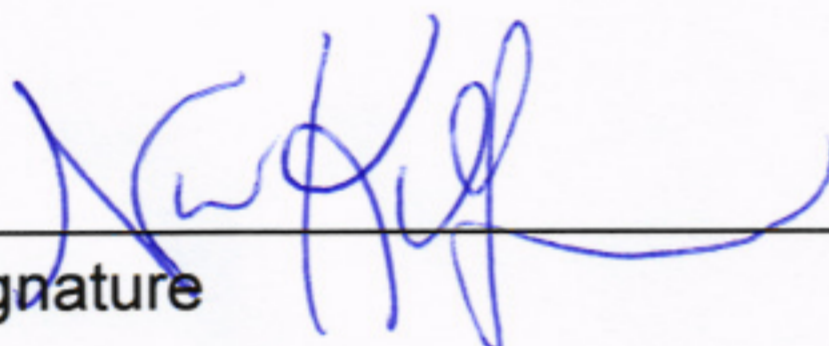


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Additional matters of interest that I believe may constitute a conflict of interest.

I hereby swear or affirm that the information contained in this form is true and accurate to the best of my knowledge.

Signature 

Date 1/15/25