



State of Utah

GARY R. HERBERT  
Governor  
SPENCER J. COX  
Lieutenant Governor  
TODD E. KISER  
Commissioner

# Insurance Department

## Bail Bond Surety Oversight Board Meeting

(<https://insurance.utah.gov/licensee/other/bail-bond/board>)

**Date:** April 8, 2020

**Time:** Noon

**Place:** TELECONFERENCE ONLY

Phone: **877-820-7831**

Passcode: **827555#**

### BOARD MEMBERS

Clay Carlos (Chair)  
Dominic Sanone (Co-Chair)  
Lt. Ken Jones  
Chad Woolley

Tony Choate  
Bonnie Johnson  
Curt Oda  
Reed Stringham (Non-Voting)

### DEPARTMENT STAFF

Todd Kiser, *Ins. Commissioner*  
Steve Gooch, *PIO Recorder*

Tracy Klausmeier, *P&C Dir.*

Danny Schoenfeld, *Finance Dir.*

## AGENDA

- **General Session (Open to the Public)**
  - Welcome / Clay Carlos, Chair
  - Adoption of Minutes for January 8, 2020 meeting
- **Executive Session - If Needed (Closed to the Public)**
- **General Session (Open to the Public)**
  - **Approve Recommended Actions from Executive Session** – Not needed
  - **Summary of Reports / Tracy**
    - Quarterly Accounting for Bail Bond Administration Account
  - **New Business**
  - **Old Business**
    - Conflict of interest forms / Tracy
  - **Other Business**
- **Adjourned**
  - **Next Meeting:** August 19, 2020 — Copper Room, East Building

### 2020 Meetings (Noon to 1:30pm)

January 8, 2020	April 8, 2020	August 19, 2020	October 14, 2020
-----------------	---------------	-----------------	------------------

**Bail Bond Surety Administration Account**  
**Quarterly Revenue/Expenditure and Fund Balance**

---

*FY20 Beginning Balance* \$ 36,249.34

<b>FY20</b>	<b>Revenues</b>	<b>Expenditures</b>	<b>Cumulative Balance</b>	
P1	\$ 4,750.00	\$ 44.58		
P2	\$ 250.00	\$ 690.83		
P3	\$ -	\$ 387.76	\$ 40,126.17	Q1
P4	\$ -	\$ 438.64		
P5	\$ -	\$ 1,414.44		
P6	\$ -	\$ 44.57	\$ 38,228.52	Q2
P7	\$ -	\$ 907.80		
P8	\$ -	\$ 1,505.96		
P9	\$ -	\$ 105.28	\$ 35,709.48	Q3
P10	\$ -	\$ -		
P11	\$ -	\$ -		
P12	\$ -	\$ -		
P13	\$ -	\$ -		Q4
<b>Total</b>	<b>\$ 5,000.00</b>	<b>\$ 5,539.86</b>		

**Bail Bond Administration Account**  
**Expenditure Detail**

	<u><b>FY 17</b></u>	<u><b>FY 18</b></u>	<u><b>FY 19</b></u>
<b>Personnel Expense</b>	\$ 23,240	\$ 23,997	\$ 10,354
<b>In State Travel</b>	\$ 240	\$ 46	\$ -
<b>Out of State Travel</b>	\$ -	\$ 488	\$ -
<b>Current Expense</b>	\$ 919	\$ 669	\$ 810
<b>Total</b>	<b>\$ 24,399</b>	<b>\$ 25,200</b>	<b>\$ 11,164</b>

## Conflict of Interest Disclosure Form

**Note:** A potential or actual conflict of interest exists when commitments and obligations are likely to be compromised by the nominator(s)' other material interests, or relationships (especially economic), particularly if those interests or commitments are not disclosed.

This Conflict of Interest Form should indicate whether the nominator(s) has an economic interest in, or acts as an officer or a director of, any outside entity whose financial interests would reasonably appear to be affected by the addition of the nominated condition to the newborn screening panel. The nominator(s) should also disclose any personal, business, or volunteer affiliations that may give rise to a real or apparent conflict of interest. Relevant Federally and organizationally established regulations and guidelines in financial conflicts must be abided by. Individuals with a conflict of interest should refrain from nominating a condition for screening.

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Please describe below any relationships, transactions, positions you hold (volunteer or otherwise), or circumstances that you believe could contribute to a conflict of interest:

I have no conflict of interest to report.

I have the following conflict of interest to report (please specify other nonprofit and for-profit boards you (and your spouse) sit on, any for-profit businesses for which you or an immediate family member are an officer or director, or a majority shareholder, and the name of your employer and any businesses you or a family member own:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

I hereby certify that the information set forth above is true and complete to the best of my knowledge.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_