

January 24, 2025

To Whom it May Concern:

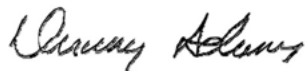
The Salt Lake County Health Department submits the following County Disclosure Statements.

**EMPLOYEES:**

- Andrea Gamble, Fun Food Handlers, LLC and Salt Lake Community College
- Britta Watts, Utah State University Extension
- Dede Vilven, Salt Lake Culinary Education
- Erik Hanley, High Altitude Events
- Fuaad Hararah, Sicilia Pizza & Kitchen
- Gabe Moreno, Guadalupe School and Pathway Group
- Jennifer Puder, Millcreek Café and Eggworks
- Mamta Chaudha, Best Western Plus Airport Inn & Suites and Embassy Suites Salt Lake
- Mamta Chaudha, Hampton Inn & Suites SLC Cottonwood, La Quinta Inn & Suites South Jordan
- Mercedes Maestas, Mountain States Lighting
- Nancy Lucero, Fun Food Handlers, LLC
- Rachel Black, Black Diamant Environmental
- Ronald Lund, Utah Soccer Association

If you have any questions, please do not hesitate to contact me.

Sincerely,



Dorothy Adams, MPA,  
LEHS Executive Director

Department Director

Mayor's Office Designee

**DISCLOSURE OF PERSONAL OR FINANCIAL INTEREST**

(Use one form for each outside business entity or person you are associated with for which disclosure is required in the above section. If multiple forms for multiple outside business entities or persons are submitted, only one form need be signed and notarized.)

Under the provisions of the County Officers and Employees Disclosure Act, §§ 17-16a-1 et seq., U.C.A., 1953 as amended, I, the undersigned, under penalties of perjury, make the following statement regarding my personal or business interest. *(Type or print all information.)*

A. **Andrea Gamble Supervisor EH Food Protection** **385-468-3817**  
 Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone  
**788 East Woodoak Lane Murray, UT 84107**

Covered Person's County Address/Volunteer's Address

B. **Fun Food Handlers, LLC**  
 Outside institution, entity, private business or person in which the Covered Person has a personal or business interest for which disclosure is required in the above section

**Instructor for the Food Handlers and Certified Manager class.**

Covered person's status, relationship or commitment to the institution, entity, business or person named above

**1338 S Foothill Drive, Suite 214. SLC, UT 84108 385-390-0089**

Address and phone number of the institution, entity, business or person named above

C. Select the category that applies to yourself and the outside institution, entity, business or person identified in subsection (B) above:

- ☐ I receive or have agreed to receive compensation for assisting a person or business entity in a transaction involving Salt Lake County.
- ☐ I am an officer, director, agent, employee or the owner of a substantial interest in a business entity that is subject to the regulation of Salt Lake County.
- ☐ I am an officer, director, agent, employee or owner of a substantial interest in a business entity that does or anticipates doing business with Salt Lake County.
- ☐ I hold an investment or other financial interest that creates a potential or actual conflict with my public duties.
- ☐ I hold a personal interest that creates a potential or actual conflict with my public duties.
- ☒ None of the above categories apply.

D. Give a detailed description of the actual or potential conflicts of interest identified above, i.e., the nature of the relationship of each business entity or person with the County. Use more sheets if necessary. *(This disclosure statement will not be accepted as valid unless this section is completed.)*

I am an instructor, I teach the Food Handlers and Certified Manager class.

I declare under criminal penalty under the law of Utah that the foregoing is true and correct.

Signed on the 6 day of January, 25  
 Date Month Year

at \_\_\_\_\_  
 City or other location, and state or county

Murray, UT

Printed Name

**Andrea Gamble** Digitally signed by Andrea Gamble  
 Date: 2025.01.06 12:01:34 -07'00'

Signature

*This statement is a public document. It must be filed with the covered person's immediate supervisor, volunteer or community liaison, division director, department director or elected official, and the County Council. It must be filed when the potential conflict arises and re-filed every January, as long as the potential conflict exists.*

**DISCLOSURE OF PERSONAL OR FINANCIAL INTEREST**

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Under the provisions of the County Officers and Employees Disclosure Act, §§ 17-16a-1 et seq., U.C.A., 1953 as amended, I, the undersigned, under penalties of perjury, make the following statement regarding my personal or business interest. *(Type or print all information.)*

A. **Andrea Gamble Supervisor EH Foods** **385-468-3817**  
 Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone  
**788 East Woodoak Lane Murray, UT 84107**

Covered Person's County Address/Volunteer's Address

B. **Salt Lake Community College**  
 Outside institution, entity, private business or person in which the Covered Person has a personal or business interest for which disclosure is required in the above section

**Adjunct instructor in the Culinary Arts Program**

Covered person's status, relationship or commitment to the institution, entity, business or person named above

**9750 S 300 W, Sandy, UT 84070( 801) 957-5417**

Address and phone number of the institution, entity, business or person named above

C. Select the category that applies to yourself and the outside institution, entity, business or person identified in subsection (B) above:

- ☐ I receive or have agreed to receive compensation for assisting a person or business entity in a transaction involving Salt Lake County.
- ☐ I am an officer, director, agent, employee or the owner of a substantial interest in a business entity that is subject to the regulation of Salt Lake County.
- ☐ I am an officer, director, agent, employee or owner of a substantial interest in a business entity that does or anticipates doing business with Salt Lake County.
- ☐ I hold an investment or other financial interest that creates a potential or actual conflict with my public duties.
- ☐ I hold a personal interest that creates a potential or actual conflict with my public duties.
- ☒ None of the above categories apply.

D. Give a detailed description of the actual or potential conflicts of interest identified above, i.e., the nature of the relationship of each business entity or person with the County. Use more sheets if necessary. *(This disclosure statement will not be accepted as valid unless this section is completed.)*

I am an instructor in the culinary program at SLCC, teaching three courses: CHEF 1110 Sanitation, CHEF 1200 Cuisine and Culture, and CHEF 2520 Nutrition.

I declare under criminal penalty under the law of Utah that the foregoing is true and correct.

Signed on the 6 day of January, 25  
 Date Month Year

at Murray, UT 84601

City or other location, and state or county

Andrea Gamble

Printed Name

**Andrea Gamble** Digitally signed by Andrea Gamble  
 Date: 2025.01.06 12:04:42 -07'00'

Signature

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**DISCLOSURE OF PERSONAL OR FINANCIAL INTEREST**

(Use one form for each outside business entity or person you are associated with for which disclosure is required in the above section. If multiple forms for multiple outside business entities or persons are submitted, only one form need be signed and notarized.)

Under the provisions of the County Officers and Employees Disclosure Act, §§ 17-16a-1 et seq., U.C.A., 1953 as amended, I, the undersigned, under penalties of perjury, make the following statement regarding my personal or business interest. *(Type or print all information.)*

A. **Britta Watts** **Health Educator** **385-226-1808**  
 Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone  
**7971 S 825 W West Jordan, Utah**

Covered Person's County Address/Volunteer's Address

B. **Utah State University Extension**  
 Outside institution, entity, private business or person in which the Covered Person has a personal or business interest for which disclosure is required in the above section

**Part Time Employee**

Covered person's status, relationship or commitment to the institution, entity, business or person named above

**2001 State St s1-300, SLC, UT, 84190**

Address and phone number of the institution, entity, business or person named above

C. Select the category that applies to yourself and the outside institution, entity, business or person identified in subsection (B) above:

- ☐ I receive or have agreed to receive compensation for assisting a person or business entity in a transaction involving Salt Lake County.
- ☐ I am an officer, director, agent, employee or the owner of a substantial interest in a business entity that is subject to the regulation of Salt Lake County.
- ☒ I am an officer, director, agent, employee or owner of a substantial interest in a business entity that does or anticipates doing business with Salt Lake County.
- ☐ I hold an investment or other financial interest that creates a potential or actual conflict with my public duties.
- ☐ I hold a personal interest that creates a potential or actual conflict with my public duties.
- ☐ None of the above categories apply.

D. Give a detailed description of the actual or potential conflicts of interest identified above, i.e., the nature of the relationship of each business entity or person with the County. Use more sheets if necessary. *(This disclosure statement will not be accepted as valid unless this section is completed.)*

USU extension and the salt lake county health department work closely on many project. In my role as a health department employee, I only work in Kearns City. With my part time role as a USU Extension employee I work strictly outside of Kearns to keep the two separate. When working with USU extension I provide substance use and problem behavior prevention support to families, schools, youth, etc.

When I am working in Kearns it is under the health department role, when working outside of Kearns I am working under USU extension.

I declare under criminal penalty under the law of Utah that the foregoing is true and correct.

Signed on the 3 day of January, 2025  
 Date Month Year

Salt Lake City, Utah  
 at City or other location, and state or county

Britta Watts

Printed Name

**Britta Watts**

Digitally signed by Britta Watts  
 Date: 2025.01.03 11:42:07 -07'00'

Signature

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**DISCLOSURE OF PERSONAL OR FINANCIAL INTEREST**

(Use one form for each outside business entity or person you are associated with for which disclosure is required in the above section. If multiple forms for multiple outside business entities or persons are submitted, only one form need be signed and notarized.)

Under the provisions of the County Officers and Employees Disclosure Act, §§ 17-16a-1 et seq., U.C.A., 1953 as amended, I, the undersigned, under penalties of perjury, make the following statement regarding my personal or business interest. *(Type or print all information.)*

A. **Dorothy D Vilven Epidemiologist** **801-520-6321**  
 Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone  
**610 S 200 E Salt Lake City, UT 84111**  
 Covered Person's County Address/Volunteer's Address

B. **Salt Lake Culinary Education**  
 Outside institution, entity, private business or person in which the Covered Person has a personal or business interest for which disclosure is required in the above section  
**I work here part-time preparing food**  
 Covered person's status, relationship or commitment to the institution, entity, business or person named above  
**2233 S 300 E, Salt Lake City, UT 84115**  
 Address and phone number of the institution, entity, business or person named above

- C. Select the category that applies to yourself and the outside institution, entity, business or person identified in subsection (B) above:
- ☐ I receive or have agreed to receive compensation for assisting a person or business entity in a transaction involving Salt Lake County.
- ☒ I am an officer, director, agent, employee or the owner of a substantial interest in a business entity that is subject to the regulation of Salt Lake County.
- ☐ I am an officer, director, agent, employee or owner of a substantial interest in a business entity that does or anticipates doing business with Salt Lake County.
- ☐ I hold an investment or other financial interest that creates a potential or actual conflict with my public duties.
- ☐ I hold a personal interest that creates a potential or actual conflict with my public duties.
- ☐ None of the above categories apply.

- D. Give a detailed description of the actual or potential conflicts of interest identified above, i.e., the nature of the relationship of each business entity or person with the County. Use more sheets if necessary. *(This disclosure statement will not be accepted as valid unless this section is completed.)*

This is a food establishment permitted by Salt Lake County Health Dept. If for some reason they were ever involved in a food borne illness outbreak I would not be able to work on this outbreak.

I declare under criminal penalty under the law of Utah that the foregoing is true and correct.

Signed on the 03 day of January, 2025  
 Date Month Year

Salt Lake City, UT  
 at City or other location, and state or county

Dorothy D Vilven

Printed Name

**Dorothy D Vilven** Digitally signed by Dorothy D Vilven  
 Date: 2025.01.03 13:41:33 -07'00'

Signature

*This statement is a public document. It must be filed with the covered person's immediate supervisor, volunteer or community liaison, division director, department director or elected official, and the County Council. It must be filed when the potential conflict arises and re-filed every January, as long as the potential conflict exists.*



**DISCLOSURE OF PERSONAL OR FINANCIAL INTEREST**

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Under the provisions of the County Officers and Employees Disclosure Act, §§ 17-16a-1 et seq., U.C.A., 1953 as amended, I, the undersigned, under penalties of perjury, make the following statement regarding my personal or business interest. *(Type or print all information.)*

A. **Erik Hanley** **Emergency Planner, Health Department** **801-419-1039**  
 Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone  
**2001 S. State Street, Suite S2-600**

Covered Person's County Address/Volunteer's Address

B. **High Altitude Events (Salt Lake City Marathon)**  
 Outside institution, entity, private business or person in which the Covered Person has a personal or business interest for which disclosure is required in the above section

**Volunteer Board Member**

Covered person's status, relationship or commitment to the institution, entity, business or person named above

**11485 Old US Hwy 285, Conifer, CO 80433 / (303) 547-8377**

Address and phone number of the institution, entity, business or person named above

C. Select the category that applies to yourself and the outside institution, entity, business or person identified in subsection (B) above:

- ☐ I receive or have agreed to receive compensation for assisting a person or business entity in a transaction involving Salt Lake County.
- ☒ I am an officer, director, agent, employee or the owner of a substantial interest in a business entity that is subject to the regulation of Salt Lake County.
- ☐ I am an officer, director, agent, employee or owner of a substantial interest in a business entity that does or anticipates doing business with Salt Lake County.
- ☐ I hold an investment or other financial interest that creates a potential or actual conflict with my public duties.
- ☐ I hold a personal interest that creates a potential or actual conflict with my public duties.
- ☐ None of the above categories apply.

D. Give a detailed description of the actual or potential conflicts of interest identified above, i.e., the nature of the relationship of each business entity or person with the County. Use more sheets if necessary. *(This disclosure statement will not be accepted as valid unless this section is completed.)*

I serve on the SLC Marathon volunteer board acting as the representative for the SLCo Medical Reserve Corps. This role is part of my job duties as I am connecting our volunteers to the event's support functions. The only compensation I have received are a white elephant gift (boxed tea set) and event management clothing used on race day. No other compensation is received from High Altitude Events.

I also remain neutral on tasks unrelated to my role in MRC volunteer coordination, including negotiations with our Sheriff office and other municipalities. They understand and respect these limitations.

Please reach out to me if there are any other concerns about this role.

I declare under criminal penalty under the law of Utah that the foregoing is true and correct.

Signed on the 3 day of January, 2025  
 Date Month Year

at Salt Lake City, Utah

City or other location, and state or county

Erik Hanley

Printed Name

**Erik Hanley**

Digitally signed by Erik Hanley  
 Date: 2025.01.03 16:41:43 -07'00'

Signature

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**DISCLOSURE OF PERSONAL OR FINANCIAL INTEREST**

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Under the provisions of the County Officers and Employees Disclosure Act, §§ 17-16a-1 et seq., U.C.A., 1953 as amended, I, the undersigned, under penalties of perjury, make the following statement regarding my personal or business interest. *(Type or print all information.)*

A. **Fuaad Hararah** **Salt Lake County Health Department - EHS II** **801-468-3823**  
 Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone  
**5544 S Breckenridge Dr, Murray UT 84117**  
 Covered Person's County Address/Volunteer's Address

B. **Sicilia Pizza & Kitchen**  
 Outside institution, entity, private business or person in which the Covered Person has a personal or business interest for which disclosure is required in the above section  
**Fathers business**  
 Covered person's status, relationship or commitment to the institution, entity, business or person named above  
**35 W 300 S, Salt Lake City, UT 84101 + 801-961-7077**  
 Address and phone number of the institution, entity, business or person named above

- C. Select the category that applies to yourself and the outside institution, entity, business or person identified in subsection (B) above:
- ☐ I receive or have agreed to receive compensation for assisting a person or business entity in a transaction involving Salt Lake County.
- ☒ I am an officer, director, agent, employee or the owner of a substantial interest in a business entity that is subject to the regulation of Salt Lake County.
- ☐ I am an officer, director, agent, employee or owner of a substantial interest in a business entity that does or anticipates doing business with Salt Lake County.
- ☐ I hold an investment or other financial interest that creates a potential or actual conflict with my public duties.
- ☐ I hold a personal interest that creates a potential or actual conflict with my public duties.
- ☐ None of the above categories apply.

- D. Give a detailed description of the actual or potential conflicts of interest identified above, i.e., the nature of the relationship of each business entity or person with the County. Use more sheets if necessary. *(This disclosure statement will not be accepted as valid unless this section is completed.)*

Sicilia Pizza & Kitchen is a family owned restaurant that my father started over 25 years ago. My role is small and I may pick up a shift on the weekends to help staff. I also do the public relation responses to negative reviews.

I declare under criminal penalty under the law of Utah that the foregoing is true and correct.

Signed on the 05 day of January, 2025  
 Date Month Year

Salt Lake County  
 at City or other location, and state or county

Fuaad Hararah

Printed Name

**Fuaad Hararah** Digitally signed by Fuaad Hararah  
 Date: 2025.01.05 16:51:18 -07'00'

Signature

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**DISCLOSURE OF PERSONAL OR FINANCIAL INTEREST**

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Under the provisions of the County Officers and Employees Disclosure Act, §§ 17-16a-1 et seq., U.C.A., 1953 as amended, I, the undersigned, under penalties of perjury, make the following statement regarding my personal or business interest. *(Type or print all information.)*

A. **Gabriel Moreno Marketing & Outreach Manager, Health Department 801-518-5041**  
 Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone  
**2001 South State Street , Ste S2-600 Salt Lake City, Utah 84190**  
 Covered Person's County Address/Volunteer's Address

B. **Guadalupe Center**  
 Outside institution, entity, private business or person in which the Covered Person has a personal or business interest for which disclosure is required in the above section  
**Agency Board Member**  
 Covered person's status, relationship or commitment to the institution, entity, business or person named above  
**1385 N 1200 W, Salt Lake City, UT 84116**  
 Address and phone number of the institution, entity, business or person named above

- C. Select the category that applies to yourself and the outside institution, entity, business or person identified in subsection (B) above:
- ☐ I receive or have agreed to receive compensation for assisting a person or business entity in a transaction involving Salt Lake County.
- ☐ I am an officer, director, agent, employee or the owner of a substantial interest in a business entity that is subject to the regulation of Salt Lake County.
- ☐ I am an officer, director, agent, employee or owner of a substantial interest in a business entity that does or anticipates doing business with Salt Lake County.
- ☐ I hold an investment or other financial interest that creates a potential or actual conflict with my public duties.
- ☒ I hold a personal interest that creates a potential or actual conflict with my public duties.
- ☐ None of the above categories apply.

- D. Give a detailed description of the actual or potential conflicts of interest identified above, i.e., the nature of the relationship of each business entity or person with the County. Use more sheets if necessary. *(This disclosure statement will not be accepted as valid unless this section is completed.)*

Serve as an agency board member for this organization

I declare under criminal penalty under the law of Utah that the foregoing is true and correct.

Signed on the 01 day of January, 2025  
 Date Month Year

Salt Lake City  
 at City or other location, and state or county

Gabriel A Moreno-Serrano

Printed Name

**Gabriel Moreno** Digitally signed by Gabriel Moreno  
 Date: 2025.01.03 16:11:19 -07'00'

Signature

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**DISCLOSURE OF PERSONAL OR FINANCIAL INTEREST**

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A. **Gabriel Moreno** **Marketing & Outreach Manager, Health Department** **801-518-5041**  
 Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone  
**2001 South State Street , Ste S2-600 Salt Lake City, Utah 84190**

Covered Person's County Address/Volunteer's Address

B. **Pathway Group**  
 Outside institution, entity, private business or person in which the Covered Person has a personal or business interest for which disclosure is required in the above section

**Subcontractor**

Covered person's status, relationship or commitment to the institution, entity, business or person named above

**699 E South Temple Suite 201C Salt Lake City, UT 84102**

Address and phone number of the institution, entity, business or person named above

C. Select the category that applies to yourself and the outside institution, entity, business or person identified in subsection (B) above:

- ☐ I receive or have agreed to receive compensation for assisting a person or business entity in a transaction involving Salt Lake County.
- ☐ I am an officer, director, agent, employee or the owner of a substantial interest in a business entity that is subject to the regulation of Salt Lake County.
- ☒ I am an officer, director, agent, employee or owner of a substantial interest in a business entity that does or anticipates doing business with Salt Lake County.
- ☐ I hold an investment or other financial interest that creates a potential or actual conflict with my public duties.
- ☐ I hold a personal interest that creates a potential or actual conflict with my public duties.
- ☐ None of the above categories apply.

D. Give a detailed description of the actual or potential conflicts of interest identified above, i.e., the nature of the relationship of each business entity or person with the County. Use more sheets if necessary. *(This disclosure statement will not be accepted as valid unless this section is completed.)*

Work as a part-time subcontractor for Pathway Group, a regional fundraising consulting firm specializing in capital campaigns, though I do not plan to work on projects directly involving Salt Lake County Government.

I declare under criminal penalty under the law of Utah that the foregoing is true and correct.

Signed on the 03 day of January, 2025  
 Date Month Year

Salt Lake City  
 at City or other location, and state or county

Gabriel A Moreno-Serrano

Printed Name

**Gabriel Moreno** Digitally signed by Gabriel Moreno  
 Date: 2025.01.03 16:23:35 -07'00'

Signature

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**DISCLOSURE OF PERSONAL OR FINANCIAL INTEREST**

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A. **Jennifr Puder** **Program Manager, Population Health Division** **3855224361**  
 Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone  
**2001 S State, S2-600, SLC Ut 84190**

Covered Person's County Address/Volunteer's Address

B. **Millcreek Cafe and Eggworks**  
 Outside institution, entity, private business or person in which the Covered Person has a personal or business interest for which disclosure is required in the above section

**Owner**

Covered person's status, relationship or commitment to the institution, entity, business or person named above

**3084 E 3300 S, SLC Ut 84109**

Address and phone number of the institution, entity, business or person named above

C. Select the category that applies to yourself and the outside institution, entity, business or person identified in subsection (B) above:

- ☐ I receive or have agreed to receive compensation for assisting a person or business entity in a transaction involving Salt Lake County.
- ☒ I am an officer, director, agent, employee or the owner of a substantial interest in a business entity that is subject to the regulation of Salt Lake County.
- ☐ I am an officer, director, agent, employee or owner of a substantial interest in a business entity that does or anticipates doing business with Salt Lake County.
- ☐ I hold an investment or other financial interest that creates a potential or actual conflict with my public duties.
- ☐ I hold a personal interest that creates a potential or actual conflict with my public duties.
- ☐ None of the above categories apply.

D. Give a detailed description of the actual or potential conflicts of interest identified above, i.e., the nature of the relationship of each business entity or person with the County. Use more sheets if necessary. *(This disclosure statement will not be accepted as valid unless this section is completed.)*

Millcreek Cafe and Eggworks is a restaurant in Salt Lake County that is regulated by the SLCoHD

I declare under criminal penalty under the law of Utah that the foregoing is true and correct.

Signed on the 2 day of January, 2025  
 Date Month Year

at Summit County, Utah

City or other location, and state or county

Jennifer Puder

Printed Name

**Jennifer Puder** Digitally signed by Jennifer Puder  
 Date: 2025.01.02 16:33:25 -07'00'

Signature

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**DISCLOSURE OF PERSONAL OR FINANCIAL INTEREST**

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Under the provisions of the County Officers and Employees Disclosure Act, §§ 17-16a-1 et seq., U.C.A., 1953 as amended, I, the undersigned, under penalties of perjury, make the following statement regarding my personal or business interest. *(Type or print all information.)*

A. **Mamta Chaudha Environmental Health** **385-468-3827**  
 Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone  
**788 E Woodoak Lane Murray UT 84107**

Covered Person's County Address/Volunteer's Address

B. **Best Western Plus Airport Inn & Suites**  
 Outside institution, entity, private business or person in which the Covered Person has a personal or business interest for which disclosure is required in the above section  
**family owned**

Covered person's status, relationship or commitment to the institution, entity, business or person named above

**5433 Wiley Post Way Salt Lake City UT 84116 (801) 428-0900**

Address and phone number of the institution, entity, business or person named above

C. Select the category that applies to yourself and the outside institution, entity, business or person identified in subsection (B) above:

- ☐ I receive or have agreed to receive compensation for assisting a person or business entity in a transaction involving Salt Lake County.
- ☒ I am an officer, director, agent, employee or the owner of a substantial interest in a business entity that is subject to the regulation of Salt Lake County.
- ☐ I am an officer, director, agent, employee or owner of a substantial interest in a business entity that does or anticipates doing business with Salt Lake County.
- ☐ I hold an investment or other financial interest that creates a potential or actual conflict with my public duties.
- ☐ I hold a personal interest that creates a potential or actual conflict with my public duties.
- ☐ None of the above categories apply.

D. Give a detailed description of the actual or potential conflicts of interest identified above, i.e., the nature of the relationship of each business entity or person with the County. Use more sheets if necessary. *(This disclosure statement will not be accepted as valid unless this section is completed.)*

Business is family-owned and is subject to Salt Lake County regulations.

I declare under criminal penalty under the law of Utah that the foregoing is true and correct.

Signed on the 2 day of January, 2025  
 Date Month Year

Murray  
 at City or other location, and state or county

Mamta Chaudhari

Printed Name

**Mamta Chaudhari** Digitally signed by Mamta Chaudhari  
 Date: 2025.01.02 16:29:50 -07'00'

Signature

*This statement is a public document. It must be filed with the covered person's immediate supervisor, volunteer or community liaison, division director, department director or elected official, and the County Council. It must be filed when the potential conflict arises and re-filed every January, as long as the potential conflict exists.*

**DISCLOSURE OF PERSONAL OR FINANCIAL INTEREST**

(Use one form for each outside business entity or person you are associated with for which disclosure is required in the above section. If multiple forms for multiple outside business entities or persons are submitted, only one form need be signed and notarized.)

Under the provisions of the County Officers and Employees Disclosure Act, §§ 17-16a-1 et seq., U.C.A., 1953 as amended, I, the undersigned, under penalties of perjury, make the following statement regarding my personal or business interest. *(Type or print all information.)*

A. **Mamta Chaudha Environmental Health** **385-468-3827**  
 Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone  
**788 E Woodoak Lane Murray UT 84107**

Covered Person's County Address/Volunteer's Address

B. **Embassy Suites Salt Lake West Valley City**  
 Outside institution, entity, private business or person in which the Covered Person has a personal or business interest for which disclosure is required in the above section  
**family owned**

Covered person's status, relationship or commitment to the institution, entity, business or person named above

**3524 Market St West Valley City UT 84119**

Address and phone number of the institution, entity, business or person named above

C. Select the category that applies to yourself and the outside institution, entity, business or person identified in subsection (B) above:

- ☐ I receive or have agreed to receive compensation for assisting a person or business entity in a transaction involving Salt Lake County.
- ☒ I am an officer, director, agent, employee or the owner of a substantial interest in a business entity that is subject to the regulation of Salt Lake County.
- ☐ I am an officer, director, agent, employee or owner of a substantial interest in a business entity that does or anticipates doing business with Salt Lake County.
- ☐ I hold an investment or other financial interest that creates a potential or actual conflict with my public duties.
- ☐ I hold a personal interest that creates a potential or actual conflict with my public duties.
- ☐ None of the above categories apply.

D. Give a detailed description of the actual or potential conflicts of interest identified above, i.e., the nature of the relationship of each business entity or person with the County. Use more sheets if necessary. *(This disclosure statement will not be accepted as valid unless this section is completed.)*

Business is family-owned and subject to Salt Lake County regulations.

I declare under criminal penalty under the law of Utah that the foregoing is true and correct.

Signed on the 2 day of January, 2025  
 Date Month Year

Murray  
 at City or other location, and state or county

Mamta Chaudhari

Printed Name

**Mamta Chaudhari** Digitally signed by Mamta Chaudhari  
 Date: 2025.01.02 16:35:08 -07'00'

Signature

*This statement is a public document. It must be filed with the covered person's immediate supervisor, volunteer or community liaison, division director, department director or elected official, and the County Council. It must be filed when the potential conflict arises and re-filed every January, as long as the potential conflict exists.*

**DISCLOSURE OF PERSONAL OR FINANCIAL INTEREST**

(Use one form for each outside business entity or person you are associated with for which disclosure is required in the above section. If multiple forms for multiple outside business entities or persons are submitted, only one form need be signed and notarized.)

Under the provisions of the County Officers and Employees Disclosure Act, §§ 17-16a-1 et seq., U.C.A., 1953 as amended, I, the undersigned, under penalties of perjury, make the following statement regarding my personal or business interest. *(Type or print all information.)*

A. **Mamta Chaudha Environmental Health** **385-468-3827**  
 Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone  
**788 E Woodoak Lane Murray UT 84107**

Covered Person's County Address/Volunteer's Address

B. **Hampton Inn & Suites SLC Cottonwood**  
 Outside institution, entity, private business or person in which the Covered Person has a personal or business interest for which disclosure is required in the above section  
**family owned**  
 Covered person's status, relationship or commitment to the institution, entity, business or person named above  
**3210 Millrock Dr Holladay UT 84121 (801) 871-1919**  
 Address and phone number of the institution, entity, business or person named above

- C. Select the category that applies to yourself and the outside institution, entity, business or person identified in subsection (B) above:
- ☐ I receive or have agreed to receive compensation for assisting a person or business entity in a transaction involving Salt Lake County.
- ☒ I am an officer, director, agent, employee or the owner of a substantial interest in a business entity that is subject to the regulation of Salt Lake County.
- ☐ I am an officer, director, agent, employee or owner of a substantial interest in a business entity that does or anticipates doing business with Salt Lake County.
- ☐ I hold an investment or other financial interest that creates a potential or actual conflict with my public duties.
- ☐ I hold a personal interest that creates a potential or actual conflict with my public duties.
- ☐ None of the above categories apply.

- D. Give a detailed description of the actual or potential conflicts of interest identified above, i.e., the nature of the relationship of each business entity or person with the County. Use more sheets if necessary. *(This disclosure statement will not be accepted as valid unless this section is completed.)*

Business is family-owned and subject to Salt Lake County regulations.

I declare under criminal penalty under the law of Utah that the foregoing is true and correct.

Signed on the 2 day of January, 2025  
 Date Month Year

Murray  
 at City or other location, and state or county

Mamta Chaudhari

Printed Name

**Mamta Chaudhari** Digitally signed by Mamta Chaudhari  
 Date: 2025.01.02 16:31:49 -07'00'

Signature

*This statement is a public document. It must be filed with the covered person's immediate supervisor, volunteer or community liaison, division director, department director or elected official, and the County Council. It must be filed when the potential conflict arises and re-filed every January, as long as the potential conflict exists.*



**DISCLOSURE OF PERSONAL OR FINANCIAL INTEREST**

(Use one form for each outside business entity or person you are associated with for which disclosure is required in the above section. If multiple forms for multiple outside business entities or persons are submitted, only one form need be signed and notarized.)

Under the provisions of the County Officers and Employees Disclosure Act, §§ 17-16a-1 et seq., U.C.A., 1953 as amended, I, the undersigned, under penalties of perjury, make the following statement regarding my personal or business interest. *(Type or print all information.)*

A. **Mamta Chaudha Environmental Health** **385-468-3827**  
 Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone  
**788 E Woodoak Lane Murray UT 84107**

Covered Person's County Address/Volunteer's Address

B. **La Quinta Inn & Suites South Jordan**  
 Outside institution, entity, private business or person in which the Covered Person has a personal or business interest for which disclosure is required in the above section  
**family owned**

Covered person's status, relationship or commitment to the institution, entity, business or person named above

**511 South Jordan Parkway South Jordan UT 84095 (385) 448-8000**

Address and phone number of the institution, entity, business or person named above

C. Select the category that applies to yourself and the outside institution, entity, business or person identified in subsection (B) above:

- ☐ I receive or have agreed to receive compensation for assisting a person or business entity in a transaction involving Salt Lake County.
- ☒ I am an officer, director, agent, employee or the owner of a substantial interest in a business entity that is subject to the regulation of Salt Lake County.
- ☐ I am an officer, director, agent, employee or owner of a substantial interest in a business entity that does or anticipates doing business with Salt Lake County.
- ☐ I hold an investment or other financial interest that creates a potential or actual conflict with my public duties.
- ☐ I hold a personal interest that creates a potential or actual conflict with my public duties.
- ☐ None of the above categories apply.

D. Give a detailed description of the actual or potential conflicts of interest identified above, i.e., the nature of the relationship of each business entity or person with the County. Use more sheets if necessary. *(This disclosure statement will not be accepted as valid unless this section is completed.)*

Business is family-owned that is subject to regulations of Salt Lake County.

I declare under criminal penalty under the law of Utah that the foregoing is true and correct.

Signed on the 2 day of January, 2025  
 Date Month Year

Murray  
 at City or other location, and state or county

Mamta Chaudhari

Printed Name

**Mamta Chaudhari** Digitally signed by Mamta Chaudhari  
 Date: 2025.01.02 16:26:37 -07'00'

Signature

*This statement is a public document. It must be filed with the covered person's immediate supervisor, volunteer or community liaison, division director, department director or elected official, and the County Council. It must be filed when the potential conflict arises and re-filed every January, as long as the potential conflict exists.*

**DISCLOSURE OF PERSONAL OR FINANCIAL INTEREST**

(Use one form for each outside business entity or person you are associated with for which disclosure is required in the above section. If multiple forms for multiple outside business entities or persons are submitted, only one form need be signed and notarized.)

Under the provisions of the County Officers and Employees Disclosure Act, §§ 17-16a-1 et seq., U.C.A., 1953 as amended, I, the undersigned, under penalties of perjury, make the following statement regarding my personal or business interest. *(Type or print all information.)*

A. **Mercedes Maest: Health Educator - Community Health** **3854685264**  
 Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone  
**7971 S 1825 W - West Jordan, UT 84088**

Covered Person's County Address/Volunteer's Address

B. **Mountain States Lighting**  
 Outside institution, entity, private business or person in which the Covered Person has a personal or business interest for which disclosure is required in the above section

**Part Time Employee**

Covered person's status, relationship or commitment to the institution, entity, business or person named above

**609 Krista Court - Murray, UT 84123 8012684879**

Address and phone number of the institution, entity, business or person named above

C. Select the category that applies to yourself and the outside institution, entity, business or person identified in subsection (B) above:

- ☐ I receive or have agreed to receive compensation for assisting a person or business entity in a transaction involving Salt Lake County.
- ☐ I am an officer, director, agent, employee or the owner of a substantial interest in a business entity that is subject to the regulation of Salt Lake County.
- ☒ I am an officer, director, agent, employee or owner of a substantial interest in a business entity that does or anticipates doing business with Salt Lake County.
- ☐ I hold an investment or other financial interest that creates a potential or actual conflict with my public duties.
- ☐ I hold a personal interest that creates a potential or actual conflict with my public duties.
- ☐ None of the above categories apply.

D. Give a detailed description of the actual or potential conflicts of interest identified above, i.e., the nature of the relationship of each business entity or person with the County. Use more sheets if necessary. *(This disclosure statement will not be accepted as valid unless this section is completed.)*

Mountain States Lighting is a lighting agency in Utah that serves local communities with their lighting needs. As jobs go out to bid, Mountain States Lighting has the opportunity to apply for these job opportunities, with potential to serve Salt Lake County roads and projects.

I declare under criminal penalty under the law of Utah that the foregoing is true and correct.

Signed on the 7 day of January, 2025  
 Date Month Year

at West Jordan, Utah, Salt Lake County

City or other location, and state or county

Mercedes Maestas

Printed Name

**Mercedes Maestas** Digitally signed by Mercedes Maestas  
 Date: 2025.01.07 11:17:00 -07'00'

Signature

*This statement is a public document. It must be filed with the covered person's immediate supervisor, volunteer or community liaison, division director, department director or elected official, and the County Council. It must be filed when the potential conflict arises and re-filed every January, as long as the potential conflict exists.*

**DISCLOSURE OF PERSONAL OR FINANCIAL INTEREST**

(Use one form for each outside business entity or person you are associated with for which disclosure is required in the above section. If multiple forms for multiple outside business entities or persons are submitted, only one form need be signed and notarized.)

Under the provisions of the County Officers and Employees Disclosure Act, §§ 17-16a-1 et seq., U.C.A., 1953 as amended, I, the undersigned, under penalties of perjury, make the following statement regarding my personal or business interest. *(Type or print all information.)*

A. Nancy Lucero Office Support EH Food Protection 385-468-3845  
Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone  
788 East Woodoak Lane Murray, UT 84107  
Covered Person's County Address/Volunteer's Address

B. Fun Food Handlers, LLC  
Outside institution, entity, private business or person in which the Covered Person has a personal or business interest for which disclosure is required in the above section  
Instructor for the Food Handlers and Certified Manager class.  
Covered person's status, relationship or commitment to the institution, entity, business or person named above  
338 S Foothill Drive, Suite 214. SLC, UT 84108 385-390-0089  
Address and phone number of the institution, entity, business or person named above

- C. Select the category that applies to yourself and the outside institution, entity, business or person identified in subsection (B) above:
- ☐ I receive or have agreed to receive compensation for assisting a person or business entity in a transaction involving Salt Lake County.
  - ☐ I am an officer, director, agent, employee or the owner of a substantial interest in a business entity that is subject to the regulation of Salt Lake County.
  - ☐ I am an officer, director, agent, employee or owner of a substantial interest in a business entity that does or anticipates doing business with Salt Lake County.
  - ☐ I hold an investment or other financial interest that creates a potential or actual conflict with my public duties.
  - ☐ I hold a personal interest that creates a potential or actual conflict with my public duties.
  - ☒ None of the above categories apply.

- D. Give a detailed description of the actual or potential conflicts of interest identified above, i.e., the nature of the relationship of each business entity or person with the County. Use more sheets if necessary. *(This disclosure statement will not be accepted as valid unless this section is completed.)*

I am an instructor, I teach the Food Handlers and Certified Manager class.

I declare under criminal penalty under the law of Utah that the foregoing is true and correct.

Signed on the 6 day of January, 25  
Date Month Year

Murray, UT  
at City or other location, and state or county

Nancy Lucero

Printed Name

Nancy Lucero  
Signature

*This statement is a public document. It must be filed with the covered person's immediate supervisor, volunteer or community liaison, division director, department director or elected official, and the County Council. It must be filed when the potential conflict arises and re-filed every January, as long as the potential conflict exists.*

**DISCLOSURE OF PERSONAL OR FINANCIAL INTEREST**

(Use one form for each outside business entity or person you are associated with for which disclosure is required in the above section. If multiple forms for multiple outside business entities or persons are submitted, only one form need be signed and notarized.)

Under the provisions of the County Officers and Employees Disclosure Act, §§ 17-16a-1 et seq., U.C.A., 1953 as amended, I, the undersigned, under penalties of perjury, make the following statement regarding my personal or business interest. *(Type or print all information.)*

A. **Rachel Black** **SLCO, Environmental Health** **801-918-3178**  
 Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone  
**788 E Woodoak Lane, Murray, Utah 84107**

Covered Person's County Address/Volunteer's Address

B. **Black Diamant Environmental**  
 Outside institution, entity, private business or person in which the Covered Person has a personal or business interest for which disclosure is required in the above section

**Owner**

Covered person's status, relationship or commitment to the institution, entity, business or person named above

**1178 S 300 E, Salt Lake City, Utah 84111 801-926-1858**

Address and phone number of the institution, entity, business or person named above

C. Select the category that applies to yourself and the outside institution, entity, business or person identified in subsection (B) above:

- ☐ I receive or have agreed to receive compensation for assisting a person or business entity in a transaction involving Salt Lake County.
- ☒ I am an officer, director, agent, employee or the owner of a substantial interest in a business entity that is subject to the regulation of Salt Lake County.
- ☐ I am an officer, director, agent, employee or owner of a substantial interest in a business entity that does or anticipates doing business with Salt Lake County.
- ☐ I hold an investment or other financial interest that creates a potential or actual conflict with my public duties.
- ☐ I hold a personal interest that creates a potential or actual conflict with my public duties.
- ☐ None of the above categories apply.

D. Give a detailed description of the actual or potential conflicts of interest identified above, i.e., the nature of the relationship of each business entity or person with the County. Use more sheets if necessary. *(This disclosure statement will not be accepted as valid unless this section is completed.)*

Asbestos Inspector, Pre-demolition Inspector, Meth/Mold Inspector and owner of business that does these activities.

I declare under criminal penalty under the law of Utah that the foregoing is true and correct.

Signed on the 14 day of January, 2025  
 Date Month Year

at Murray, Utah  
 City or other location, and state or county

Rachel Black

Printed Name

**Rachel Black** Digitally signed by Rachel Black  
 Date: 2025.01.14 11:48:02 -07'00'

Signature

*This statement is a public document. It must be filed with the covered person's immediate supervisor, volunteer or community liaison, division director, department director or elected official, and the County Council. It must be filed when the potential conflict arises and re-filed every January, as long as the potential conflict exists.*



**DISCLOSURE OF PERSONAL OR FINANCIAL INTEREST**

(Use one form for each outside business entity or person you are associated with for which disclosure is required in the above section. If multiple forms for multiple outside business entities or persons are submitted, only one form need be signed and notarized.)

Under the provisions of the County Officers and Employees Disclosure Act, §§ 17-16a-1 et seq., U.C.A., 1953 as amended, I, the undersigned, under penalties of perjury, make the following statement regarding my personal or business interest. *(Type or print all information.)*

A. **Ronald Lund** **Environmental Health Director** **801-231-6316**  
 Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone  
**788 E Woodoak Lane, Murray, UT 84107**

Covered Person's County Address/Volunteer's Address

B. **Utah Soccer Association**  
 Outside institution, entity, private business or person in which the Covered Person has a personal or business interest for which disclosure is required in the above section

**Referee**

Covered person's status, relationship or commitment to the institution, entity, business or person named above

**9159 S. State 801-263-8166**

Address and phone number of the institution, entity, business or person named above

C. Select the category that applies to yourself and the outside institution, entity, business or person identified in subsection (B) above:

- ☐ I receive or have agreed to receive compensation for assisting a person or business entity in a transaction involving Salt Lake County.
- ☐ I am an officer, director, agent, employee or the owner of a substantial interest in a business entity that is subject to the regulation of Salt Lake County.
- ☐ I am an officer, director, agent, employee or owner of a substantial interest in a business entity that does or anticipates doing business with Salt Lake County.
- ☐ I hold an investment or other financial interest that creates a potential or actual conflict with my public duties.
- ☐ I hold a personal interest that creates a potential or actual conflict with my public duties.
- ☒ None of the above categories apply.

D. Give a detailed description of the actual or potential conflicts of interest identified above, i.e., the nature of the relationship of each business entity or person with the County. Use more sheets if necessary. *(This disclosure statement will not be accepted as valid unless this section is completed.)*

I referee competition soccer for Utah Soccer Association. They may have events that the health department oversees for food service (I am not a member organizing or sponsoring the event)--Should not be a conflict

I declare under criminal penalty under the law of Utah that the foregoing is true and correct.

Signed on the 2 day of January, 2025  
 Date Month Year

at Murray, UT  
 City or other location, and state or county

Ronald Lund

Printed Name

**Ronald Lund** Digitally signed by Ronald Lund  
 Date: 2025.01.02 17:50:54 -07'00'

Signature

*This statement is a public document. It must be filed with the covered person's immediate supervisor, volunteer or community liaison, division director, department director or elected official, and the County Council. It must be filed when the potential conflict arises and re-filed every January, as long as the potential conflict exists.*