

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.)

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. Brooke Hashimoto Salt Lake County Board of Health 801-554-2948
Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone
2782 South Connor, Salt Lake City, UT 84109
Covered Person's County Address/Volunteer's Address

B. University of Utah (UU)
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
UU Employee
Covered person's status, relationship or commitment to the institution, entity, business or person named above
675 Arapeen Drive Suite 300, SLC, UT 84108 (801) 581-6047
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.

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 employed at the UU, who regularly collaborates and is under Salt Lake County regulation. I am employed as the Quality Supervisor for the Cell Therapy & Regenerative Medicine Facility under the Department of Internal Medicine. I do not know of any actual conflicts of interest I have, but the potential is always there.

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

Signed on the 5th day of FEB, 2020
Date Month Year

at SALT LAKE CITY, UTAH
City or other location, and state or county

BROOKE HASHIMOTO
Printed Name

[Signature]
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. MICHELE CORIGLIANO BOARD OF HEALTH 801 558 8977
Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone
2208 S 2300 E SALT LAKE CITY UT 84109
Covered Person's County Address/Volunteer's Address

B. ① SL AREA RESTAURANT ASSOC ② EASY FOOD HANDLERS (ONLINE FOOD #HANDLER PER-MITS)
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
① EXECUTIVE DIRECTOR ② OWNER/PRESIDENT
Covered person's status, relationship or commitment to the institution, entity, business or person named above
Same as above
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.
- ② 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.
- ① ② 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.

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.)

~~None of the above categories in C apply.~~
SL AREA RESTAURANT ASSOC, IN YEARS PAST, HAVE RECEIVED COUNTY FUNDS. NONE PROJECTED FOR 2020.
EASY FOOD HANDLERS IS AN APPROVED PROVIDER OF FOOD HANDLER PERMITS

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

Signed on the 10 day of JAN, 2020
Date Month Year

at SALT LAKE CITY
City or other location, and state or county

MICHELE CORIGLIANO
Printed Name

[Signature]
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.