



Jennifer Wilson
Salt Lake County Mayor

**AGING &
ADULT SERVICES**

Kelly Colopy
Department Director
Human Services

Paul Leggett
Division Director
Aging & Adult Services

**SALT LAKE COUNTY
GOVERNMENT CENTER**
2001 South State St., Ste. S1-600
Salt Lake City, UT 84114-4575
Phone (385) 468-3200
Fax (801) 487-
TTY: 7-1-1

January 24th, 2024

To Whom it May Concern:

We are submitting the Conflict-of-Interest Disclosure Statements for the Human Services Aging & Adult Services Division.

- Amber Christensen, NCS Utah
- Amber Christensen, Riverton Babe Ruth League
- B. Todd Wood, Franz Bakery
- Charles Otis, Salt Lake Health Department, Community Coalition Leadership
- Charles Otis, Sandy City Healthy Sandy Steering Committee
- Dale Perkins, Delta Center
- Dianna Timmerman, Your Community Connection
- Erika Thompson, Canary Health
- Francisca Franco, Urban and Rural Specialized Transit Association (URSTA)
- Ha Khong, T.J. Maxx & HomeGoods
- Jene Mortensen, Herriman City
- Jennifer Morris, Canyon Corner High
- Jessica Roadman, Uber
- Jessica Roadman, Westminster University
- Joseph Nahas, Intermountain Health
- Jeremy Hart, AARP Board
- Karl Ramirez, OCA Asian Pacific Islander Advocates Utah
- Karl Ramirez, Grub Steak
- Paul Leggett, The Utah Association of Area Agencies on Aging (U4A)
- Paul Leggett, USAgings Board
- Russell Stoddard, Urban Rural Specialized Transit Association (URSTA)
- Shauna Brock, League of Utah Writers - Salt Lake City Writers Group
- Shauna Brock, Under the Umbrella Bookstore
- Shawn Ashby, Draper City Parks & Recreation
- Stacey Trujillo, Deluxe Utah Real Estate
- Susannah Brook, Market Street Grill
- Tanya Nagahiro, The Nikkei Center
- Teresa Howes, B.D. Howes

A handwritten signature of Paul Leggett in black ink.

Paul Leggett
Aging & Adult Services

Kelly Colopy
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. Amber Christens Aging & Adult Services, West Jordan Senior Center 385-468-3399
Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone
8025 S. 2200 W., West Jordan, UT

Covered Person's County Address/Volunteer's Address

B. NCS Utah
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

Covered person's status, relationship or commitment to the institution, entity, business or person named 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.
- ☐ 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.)*

n/a

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

Signed on the 17 day of January, 2025
Date Month Year

West Jordan City, Utah
at City or other location, and state or county

Amber Christensen

Printed Name

Amber Christensen Digitally signed by Amber Christensen
Date: 2025.01.17 14:20:28 -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. **Amber Christens Aging & Adult Services, West Jordan Senior Center** **385-468-3399**
Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone
8025 S. 2200 W., West Jordan, UT

Covered Person's County Address/Volunteer's Address

B. **Riverton Babe Ruth League**
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

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

3700 W 13800 S, Riverton, UT

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.)*

n/a

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

Signed on the 17 day of January, 2025,
Date Month Year

West Jordan City, Utah
at City or other location, and state or county

Amber Christensen

Printed Name

Amber Christensen Digitally signed by Amber Christensen
Date: 2025.01.17 09:16:59 -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. **B. Todd Wood** **Salt Lake County Aging & Adult Services** **385-468-3228**
Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone
2001 S State St. SLC, UT 84114

Covered Person's County Address/Volunteer's Address

B. **Franz Bakery**
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

5923 S 350 W SLC, UT 84107 801-281-9864

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 restock Franz bakery and bread products on the shelves at various grocery stores in Salt Lake County including Costco, Sam' Club, Wal-Mart, Harmons, Smiths, and Winco

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

Signed on the 21 day of January, 2025
Date Month Year

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

B. Todd Wood

Printed Name

Brady T. Wood Digitally signed by Brady T. Wood
Date: 2025.01.21 10:08:05 -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. Charles Otis Aging & Adult Services, Manager, Sandy Senior Center 385 468 3412
Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone
9310 S 1300 E Sandy, Ut
Covered Person's County Address/Volunteer's Address

B. _____
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
SL Health Department, Community Coalitions Leadership
Covered person's status, relationship or commitment to the institution, entity, business or person named above
Representative of Health Sandy Steering Committee
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.)*

Salt Lake County Health Department works closely with community coalitions throughout the county (including Healthy Sandy) to provide infrastructure training and coaching, health expertise, and assistance with community projects. As the Chairman of the Healthy Sandy coalition, Charles Otis attends a monthly Community Coalitions Leadership meeting at the West Jordan Health Department.

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

Signed on the 6 day of January, 2025
Date Month Year

Sandy Senior Center 9310 S 1300 E, Sandy, Utah
at
City or other location, and state or county

Charles Otis

Printed Name

Charles Otis

Digitally signed by Charles Otis
Date: 2025.01.06 08:59:50 -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. Charles Otis Manager, Sandy Senior Center, Aging & Adult Services 3854683412
Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone
Sandy Senior Center 9310 S 1300 E, Sandy, Utah 84094

Covered Person's County Address/Volunteer's Address

B. Health Sandy Steering Committee
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

Committee Chairman

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

Sandy City Administration, 10000 Centennial Parkway, Sandy, Utah 84070 Phone # 801 568

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.)*

Healthy Sandy Steering Committee is a healthy community coalition that serves as a catalyst for good health, safety, and wellness among those who live and work within the Sandy Community. Healthy Sandy is designated a Healthy Community by Get Healthy Utah, a statewide program housed in the Utah Department of Health. Sandy City provides Healthy Sandy funding to promote health initiatives in the Sandy community. The most recent example is providing funding for the purchase of safety helmets for distribution to skateboarders at the annual Skateboard in the Park event.

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

Signed on the 6 day of January, 2025
Date Month Year

Sandy Senior Center 9310 S 1300 E, Sandy, Utah
at
City or other location, and state or county

Charles Otis

Printed Name

Charles Otis

Digitally signed by Charles Otis
Date: 2025.01.06 08:45:26 -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. Dale Perkins West-Aging & Adult Services 385-468-3401
Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone
8025 S. 2200 W., West Jordan, UT 84088
Covered Person's County Address/Volunteer's Address

B. Delta 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

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

301 W. South Temple 801-325-2033
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.)

No Conflicts of Interests identified

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

Signed on the 16 day of 1 2025
Date Month Year

at West Jordan, UT
City or other location, and state or county

Dale R Perkins
Printed Name

Dale R Perkins
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. Diana Timmerman Ombudsman 3853777305
Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone
2001 S State st, Salt Lake City, Ut
Covered Person's County Address/Volunteer's Address

B. Your Community Connection
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
2261 Adams Ave, Ogden Ut 84401
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.)*

My part time position has no ties to Salt Lake County

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

Signed on the 22 day of January, 2025,
Date Month Year

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

Diana Timmerman
Printed Name

Diana Timmerman
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. Erika Thompson Health Educator Aging & Adult Services (385) 468 - 3088
Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone
Salt Lake County Government Center 2001 S. State St. S1-500 Salt Lake City, UT 84114
Covered Person's County Address/Volunteer's Address

B. Canary Health
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
Facilitator
Covered person's status, relationship or commitment to the institution, entity, business or person named above
Phone number (310) 444-0636 415 S. Sepulveda Blvd. 12th Floor Los Angeles, CA 90034
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.)*

Canary Health offers the virtual programs Building Better Caregivers (BBC) and Better Choices, Better Health (BCBH). I work with them facilitating these programs through a virtual platform in my own time. In addition, these program present a potential conflict with my job responsibilities because I coordinate and facilitate the Living Well Programs for Aging & Adult Services which is an in person version of the BCBH program.

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

Signed on the 06 day of January, 2025
Date Month Year

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

Erika Thompson
Printed Name
Erika R Thompson Digitally signed by Erika R Thompson
Date: 2025.01.06 10:42:01 -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. Francisca Franco Program Manager, Salt Lake County, Aging and Adult Services 385.468.3208
Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone
Government Center - South Building, 2001 S. State St., Ste. S3-300, PO Box 144575, Salt Lake City, UT 84143
Covered Person's County Address/Volunteer's Address

B. URSTA (Urban and Rural Specialized Transportation 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
Non-voting Committee Member
Covered person's status, relationship or commitment to the institution, entity, business or person named above
PO Box 142 Smithfield, UT 84335
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.)*

No conflict

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

Signed on the 09 day of January, 25,
Date Month Year

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

Francisca Franco
Printed Name
Francisca Franco Digitally signed by Francisca Franco
Date: 2025.01.09 12:14:51 -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. Ha Khong HR Coordinator, Aging & Adult Services 385-468-3259
Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone
2001 South State Street, Salt Lake City, UT 84114

Covered Person's County Address/Volunteer's Address

B. T.J. Maxx & HomeGoods
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

Retail Associate Part time at 4582 Kestrel Range Rd, Riverton, UT 84065

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

Retail Associate Part time

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.)*

No conflict.

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

Signed on the 22 day of January, 2025,
Date Month Year

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

Ha Khong

Printed Name

Ha A Khong

Digitally signed by Ha A Khong
Date: 2025.01.22 12:16:06 -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. Jene Mortensen Aging & Adult Services 385-468-3085
Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone
2001 S State Street, SLC UT 84114
Covered Person's County Address/Volunteer's Address

B. Herriman 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
Employee
Covered person's status, relationship or commitment to the institution, entity, business or person named above
5355 W Main Street, Herriman UT 84096
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 work as a non merit employee for the Parks and Events Department with Herriman City, working special events, and at two venues operated by the city.

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

Signed on the 6 day of January, 2025
Date Month Year

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

Jené Mortensen

Printed Name

Jene Mortensen Digitally signed by Jene Mortensen
Date: 2025.01.06 10:43:09 -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. Jennifer Morris Ombudsman, Salt Lake County Aging 3852855101
Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone
2001 S State S1-500
Covered Person's County Address/Volunteer's Address

B. PTSA
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
President for Corner Canyon High
Covered person's status, relationship or commitment to the institution, entity, business or person named above
12946 S 700 E Draper, UT 84020
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 cannot think of any conflicts.

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

Signed on the 9 day of January, 2025,
Date Month Year

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

Jennifer Morris
Printed Name

Jennifer R. Morris Digitally signed by Jennifer R. Morris
Date: 2025.01.09 11:55:43 -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. Jessica Roadma Ombudsman - Aging & Adult Services 385-256-4911
Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone
2001 S. State St. Ste S1-500 Salt Lake City, UT 84114

Covered Person's County Address/Volunteer's Address

B. Westminster University
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

Consultant for School of Education

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

1840 S 1300 E, Salt Lake City, UT 84105

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.)*

No Conflicts.

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

Signed on the 10 day of January, 2025
Date Month Year

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

Jessica Roadman

Printed Name

Jessica M. Roadman Digitally signed by Jessica M. Roadman
Date: 2025.01.10 15:38:38 -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. Jessica Roadma Ombudsman, Aging & Adult Services 385-256-4911
Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone
2001 S. State St. Ste S1-500 Salt Lake City, UT 84114

Covered Person's County Address/Volunteer's Address

B. Westminster University
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

Yoga Teacher

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

1840 S 1300 E, Salt Lake City, UT 84105

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.)*

No conflicts.

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

Signed on the 10 day of January, 2025,
Date Month Year

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

Jessica Roadman

Printed Name

Jessica M. Roadman Digitally signed by Jessica M. Roadman
Date: 2025.01.10 11:52:28 -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. Joseph Nahas Contracts/Program Coordinator 385-468-3232
Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone
2001 S State Street, Suite S1-600, Salt Lake City, Utah 84114

Covered Person's County Address/Volunteer's Address

B. Intermountain Health Supply Chain 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

Courier Customer Service

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

7302 Bingham JCT Blvd, Midvale, Utah 84047; 801-442-4090

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.)*

Pick-up and drop-off laboratory specimens and other supplies between hospitals, clinics, central laboratory and supply chain warehouse. Start work at 5:00 pm on weekdays and work open shifts on weekends. Work 30 to 40 hours weekly. There is no conflict of interest with my Salt Lake County employment.

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

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

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

Joseph Nahas

Printed Name

Joseph A. Nahas Digitally signed by Joseph A. Nahas
Date: 2025.01.07 09:25:18 -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.

✓ L

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. Jeremy Hart Assoc Div Director 385-468-3258
 Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone
2001 S. State St SLC, Utah 84114
 Covered Person's County Address/Volunteer's Address

B. AARP of Utah
 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
Executive Committee Member
 Covered person's status, relationship or commitment to the institution, entity, business or person named above
6975 Union Park Center Suite 320 Midvale Utah 84095
 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.)*

AARP of Utah is a partner organization of SLCO AAS. AARP has asked that the division have a representative participate on their Executive Committee. This community partnership and collaboration has proven to be positive for both organizations with no financial benefit to myself, SLCO AAS or AARP.

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

Signed on the 22 day of January, 2025
 Date Month Year

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

Jeremy Hart
 Printed Name
Jeremy Hart Digitally signed by Jeremy Hart
 Date: 2025.01.22 12:36:55 -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. **Karl Ramirez** **Outreach Caseworker** **385-468-3263**
Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone
2001 S State Street, Suite S1-600 Salt Lake City, UT 84114

Covered Person's County Address/Volunteer's Address

B. **Grub Steak**
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 - Host

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

2093 Sidewinder Dr, Park City, UT 84060

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.)*

None

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

Signed on the 6th day of January, 2025,
Date Month Year

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

Karl Ramirez

Printed Name

Karl P. Ramirez Digitally signed by Karl P. Ramirez
Date: 2025.01.06 09:37:18 -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. Karl Ramirez Outreach Caseworker 385-468-3263
Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone
2001 S State Street, Suite S1-600 Salt Lake City, UT 84114

Covered Person's County Address/Volunteer's Address

B. OCA Asian Pacific Islander Advocates Utah
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

Board Member

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

P.O. Box 572064 Murray, UT 84157

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.)*

None

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

Signed on the 6th day of January, 2025,
Date Month Year

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

Karl Ramirez

Printed Name

Karl P. Ramirez Digitally signed by Karl P. Ramirez
Date: 2025.01.06 09:56:05 -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. Paul Leggett Aging & Adult Services Division Director 385-468-3290
Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone
2001 S. State Street

Covered Person's County Address/Volunteer's Address

B. u4A- The Utah Association of Area Agencies on Aging
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

Board Member

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

daas.utah.gov/locations-new

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.)*

None of the above apply.

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

Signed on the 6 day of January, 2025
Date Month Year

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

Paul Leggett

Printed Name

Paul Leggett Digitally signed by Paul Leggett
Date: 2025.01.06 13:29:57 -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. **Paul Leggett** **Aging & Adult Services Division Director** **385-468-3290**
Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone
2001 S. State Street

Covered Person's County Address/Volunteer's Address

B. **USAging Board of Directors**
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

Secretary

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

1100 New Jersey Ave SE suite 350 I, Washington, DC 20003

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.)*

None of the above apply.

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

Signed on the 6 day of January, 2025,
Date Month Year

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

Paul Leggett

Printed Name

Paul Leggett Digitally signed by Paul Leggett
Date: 2025.01.06 13:29:36 -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. Russell Stoddard Section Manager Salt Lake County Aging and Adult Se 385-468-3204
Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone
Government Center – South Building 2001 S State Street Suite S3-300 Salt Lake City, Utah

Covered Person's County Address/Volunteer's Address

B. URSTA / Urban Rural Specialized Transit 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

Board Member

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

PO Box 142 Smithfield, UT 84335

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.)*

No Conflicts

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

Signed on the 09 day of January, 2025
Date Month Year

Government Center – South Building 2001 S State St
at City or other location, and state or county

Russell Stoddard

Printed Name

Russell Stoddard Digitally signed by Russell Stoddard
Date: 2025.01.09 09:42:28 -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. **Shauna Brock** **Aging & Adult Services** **385-468-3196**
Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone
2001 S State St, S1-600 | SLC, UT | 84114

Covered Person's County Address/Volunteer's Address

B. **League of Utah Writers - Salt Lake City Writer's 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

Volunteer - Group Coordinator

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

Website information only: <https://www.leagueofutahwriters.com/contact-us> (no physical address)

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 coordinate weekly writing discussion groups for writers in the Salt Lake area, and attend quarterly board meetings in my role as group coordinator.

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
at
City or other location, and state or county

Shauna Brock

Printed Name

Shauna Brock Digitally signed by Shauna Brock
Date: 2025.01.03 13:03:39 -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. **Shauna Brock Aging & Adult Services 385-468-3196**
Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone
2001 S State St, S1-600 | SLC, UT | 84114

Covered Person's County Address/Volunteer's Address

B. **Under the Umbrella Bookstore**
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

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

511 W 200 S Suite 120, Salt Lake City, UT 84101 | (801) 922-0923

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 occasional volunteer with the bookstore, setting up programs and connecting to other volunteers.

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
at
City or other location, and state or county

Shauna Brock

Printed Name

Shauna Brock Digitally signed by Shauna Brock
Date: 2025.01.03 13:00:08 -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. **Shawn Ashby** **Aging & Adult Services** **385-468-3322**
Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone
1148 E. Pioneer Rd. Draper, UT 84020

Covered Person's County Address/Volunteer's Address

B. **Draper City Parks and Recreation**
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 Recreation Employee

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

12354 S. 800 E. Draper, UT 84020. 801-576-6572

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 hold a part-time position as a recreation employee.

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

Signed on the 06 day of January, 2025,
Date Month Year

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

Shawn M Ashby

Printed Name

Shawn Ashby Digitally signed by Shawn Ashby
Date: 2025.01.06 15:21:47 -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. Stacey Trullio, Denver SL County Along Adult 385-468-3208
Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone
Government Center - South Bldg 2001 S. State Ste. 53300 SLU UT
Covered Person's County Address/Volunteer's Address 84190

B. Deluxe Utah Real Estate
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

Realtor
Covered person's status, relationship or commitment to the institution, entity, business or person named above
9137 Monroe Plaza Way Ste A, Sandy, UT 84070
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.)

No conflicts

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

Signed on the 16 day of 1, 2025
Date Month Year

at Salt Lake City, UT 84190
City or other location, and state or county

Stacey Trullio
Printed Name

Stacey Trullio
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. **Tanya Nagahiro** **Section Manager/Aging & Adult Services** **385-468-3282**
Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone
2001 S State St #S1-600 SLC UT 84190

Covered Person's County Address/Volunteer's Address

B. **The Nikkei 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

Board Director

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

No official physical address or phone number

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.)*

The Nikkei Center is a 501c3 that provides a monthly luncheon/social engagement for senior citizens of Japanese descent residing in SL County and surrounding areas. There is no relationship with Salt Lake County -business, entity, person or otherwise.

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

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

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

Tanya Nagahiro

Printed Name

Tanya Nagahiro Digitally signed by Tanya Nagahiro
Date: 2025.01.03 15:23:14 -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. Teresa S Howes Salt Lake County Aging Svcs. Outreach Program 385-468-3251
Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone
2001 S. State St. S1600, Salt Lake City, UT 84114

Covered Person's County Address/Volunteer's Address

B. BD Howes (performer)
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

Husband

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

825 E. Markea Ave. Salt Lake City 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.)*

BD Howes performs at various Salt Lake County Senior Centers

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

Teresa S Howes

Printed Name

Teresa S Howes Digitally signed by Teresa S Howes
Date: 2025.01.03 13:19:21 -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.