

**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. Audrey Stevenson Health Department 385-468-4150  
Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone  
2001 So State Street, S3700, Salt Lake City, Utah  
Covered Person's County Address/Volunteer's Address

B. University of Phoenix / University of Utah / Columbus COMM. 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  
Adjunct Faculty for Online Nurse Practitioner program  
Covered person's status, relationship or commitment to the institution, entity, business or person named above  
4035 S Riverpoint Pkwy, Phoenix, AZ 85040  
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.)

Provide online teaching to graduate students in nursing. No potential conflict identified.  
Provide Classroom instruction. nursing consultation to group homes.

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

Signed on the 13 day of January, 2020  
Date Month Year

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

Audrey M. Stevenson  
Printed Name

Audrey M. Stevenson  
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. Christina Carthel PH Nurse  
Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone  
610 So. 200 E. SUDB, UT  
Covered Person's County Address/Volunteer's Address

B. Planned Parenthood Association 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  
654 S. 900 E. Salt Lake City UT 84102. (801) 322-5571

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.

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 a Registered Nurse with Planned Parenthood that performs the lab sign offs for all clinics as well as online and in-person consultation

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

Signed on the 22 day of January, 2020  
Date Month Year

Salt Lake County Health Dept. City Clinic  
at City or other location, and state or county

Christina Carthel  
Printed Name  
Christina Carthel Digitally signed by Christina Carthel  
Date: 2020.01.22 10:23:44 -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. Dan Moore Supervisor, Environmental Health 385-468-3916  
Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone  
788 E Woodoak Lane, Murray, UT 84107  
Covered Person's County Address/Volunteer's Address

B. RESPRO  
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, educator, secret shopper  
Covered person's status, relationship or commitment to the institution, entity, business or person named above  
PO Box 1078 Centerville, UT 801-856-4558  
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.)

Food safety consultant, secret shopper satisfaction surveys, and trainer/educator for various businesses. No consulting activities occur in conflict with SLCOH regulations or permits. Consulting related activities done for RESPRO by Mr . Moore occur outside 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, 2020  
Date Month Year  
at Salt Lake County, Utah  
City or other location, and state or county

Dan Moore  
Printed Name  
Dan Moore Digitally signed by Dan Moore  
Date: 2020.01.22 11:56:33 -07'00'  
Signature

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

**DISCLOSURE OF PERSONAL OR FINANCIAL INTEREST**

(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. Erik Hanley Air Pollution Control Specialist 385-468-3882  
Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone  
851 E. Third Avenue, Apt. 4, Salt Lake City, UT 84103  
Covered Person's County Address/Volunteer's Address

B. Silver Fork Lodge and Restaurant  
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  
Host/Bartender  
Covered person's status, relationship or commitment to the institution, entity, business or person named above  
11332 Big Cottonwood Canyon Rd, Brighton, UT 84121 // Phone: (801) 533-9977  
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 currently a weekend and holiday host/bartender at Silver Fork Lodge and Restaurant. My direct County job duties are not in conflict with this position, however I am friends with people in Food Protection that inspect the Lodge for food safety. That is my only possible conflict of interest.

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

Signed on the 17 day of January, 2020,  
Date Month Year

at Murray  
City or other location, and state or county

Erik Hanley  
Printed Name

Erik Hanley Digitally signed by Erik Hanley  
Date: 2020.01.17 10:48:46 -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.)

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. Ericka Baugh Public Health Nurse 801-638-4874  
Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone

3285 West Danube Dr.  
Covered Person's County Address/Volunteer's Address

B. Holladay Healthcare  
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

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

4782 Holladay Blvd, Holladay Utah 84117  
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 a registered nurse at Holladay Healthcare. The institution is under the jurisdiction of Salt Lake County Health Department.

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

Signed on the 17 day of Jan, 2020,  
Date Month Year

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

Ericka Baugh, RN, MSN  
Printed Name

Erika Baugh Digitally signed by Erika Baugh  
Date: 2020.01.17 08:27:11 -07'00'

Signature

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**DISCLOSURE OF PERSONAL OR FINANCIAL INTEREST**

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

A. Gary Edwards Director/Health 385-468-4116  
Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone

2001 S. State Street, Suite S2-600  
Covered Person's County Address/Volunteer's Address

B. University of Utah/Utah Department of 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

Adjunct faculty/Health Advisory Council  
Covered person's status, relationship or commitment to the institution, entity, business or person named above

U of U Department of Health Education & Promotion (801-581-8114)/ Cannon Health Building (801-538-6111)  
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.)

None of the above categories apply.  
Teach evening classes at University of Utah.  
Chairperson of the Health Advisory Council of the Utah Department of Health.

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

Signed on the 27 day of January, 2020,  
Date Month Year

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

Gary L. Edwards  
Printed Name

Gary Edwards Digitally signed by Gary Edwards  
Date: 2020.01.27 14:25:23 -07'00'

Signature

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**DISCLOSURE OF PERSONAL OR FINANCIAL INTEREST**

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

A. Hannah Bakker Health Educator/Health Department 385-285-2026  
Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone  
Ellis Shipp Public Health Center 4535 S 5600 W, West Valley City, UT 84120

Covered Person's County Address/Volunteer's Address

B. Utah Chapter of the Society for Public Health Education (USOPHE)  
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

Elected Board Member, Treasurer

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

PO Box 2337 Salt Lake City, UT 84110 Linnea Fletcher (President) 801-538-6146

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.)

As an elected member of the USOPHE Board of Directors, I help to establish policies, procedures, rules, and regulations of the Chapter. As treasurer, I am the custodian of all monies of the Chapter and serve as the Chairperson of the Finance Committee. I collect all dues and ensure that bills against the Chapter are paid, update financial statements, submit financial records to the Board of Directors, summarize financial status, accept and process membership applications, and keep an accurate mailing list of the membership. My service on this board is uncompensated. The mission of USOPHE is to improve the health of Utahns by promoting the advancement of the health education profession and the employment of health educators in the public and private sector. There is no connection between my position with Salt Lake County and my role on the USOPHE Board.

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

Signed on the 28 day of January, 2020  
Date Month Year

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

Hannah Bakker  
Printed Name

Hannah Bakker Digitally signed by Hannah Bakker  
Date: 2020.01.28 12:42:56 -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.)

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. Jorge Mendez Health Department/Environmental Health 385-468-3913  
Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone  
788 E Woodoak Ln. Murray UT 84107  
Covered Person's County Address/Volunteer's Address

B. CANYONS SCHOOL DISTRICT  
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  
Teacher, I provide instruction to students on safe food handling  
Covered person's status, relationship or commitment to the institution, entity, business or person named above  
9361 S. 300 E. Sandy UT. 84070 Phone number 801-826-6673  
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 provide instruction to class participants about safe food handling practices in order to test for the State required food handler permit or food manager certification at Entrada High School in Sandy UT.

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

Signed on the 17 day of January, 2020,  
Date Month Year

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

Jorge Mendez  
Printed Name

  
Signature

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**DISCLOSURE OF PERSONAL OR FINANCIAL INTEREST**

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

A. Kami Peterson Salt Lake County Health Department 385-468-4142  
Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone  
2001 S State Street S3-700, SLC, UT 84114  
Covered Person's County Address/Volunteer's Address

B. Canyons School District  
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  
Certified Nursing Assistant Clinical Instructor  
Covered person's status, relationship or commitment to the institution, entity, business or person named above  
9361 S 300 E, Sandy, UT 84070 801-826-5000  
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 part-time as a CNA clinical instructor for the Canyons Technology Education Center. To the best of my knowledge neither the Salt Lake County Health Department nor Salt Lake County have any business interests with this school district. I have no business interest in this school district.

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

Signed on the 13 day of January, 2020  
Date Month Year

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

Kami Peterson  
Printed Name  
Kami Peterson  
Signature

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**DISCLOSURE OF PERSONAL OR FINANCIAL INTEREST**

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

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

A. LAUNA CARRILLO FHS 385-468-4340  
Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone

9340 South 700 East Bandy, Utah 84070  
Covered Person's County Address/Volunteer's Address

B. N/A  
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

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.

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 have two food truck and work seasonal on weekends.

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

Signed on the 23 day of 1, 2020,  
Date Month Year

at Sandy  
City or other location, and state or county

LAUNA CARRILLO  
Printed Name

Launa Carrillo  
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.)

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. Molly Signoretty Health Department 385-468-5268  
Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone  
7971 S 1825 W. West Jordan, UT 84088  
Covered Person's County Address/Volunteer's Address

B. Along Came Wellness  
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  
Business Owner  
Covered person's status, relationship or commitment to the institution, entity, business or person named above  
814 South Jefferson Street, Salt Lake City, UT84101  
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 the owner of a LLC that offers Wellness Coaching to individuals and families. This specifically includes meal planning and exercise regimes.

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

Signed on the 27 day of January, 2020,  
Date Month Year  
at South Redwood Health Clinic  
City or other location, and state or county

Molly Signoretty  
Printed Name  
Molly Signoretty Digitally signed by Molly Signoretty  
Date: 2020.01.27 15:09:27 -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.)

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. Natalie Cuio Public Health Nutritionist 395-468-3679  
Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone

610 S. 200 E.  
Covered Person's County Address/Volunteer's Address

B. Rocky Mountain Care Hunter Hollow  
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

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

4090 Pioneer Pkwy, West Valley City, UT 84120  
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.)

Potential conflict of interest would only happen if I discussed my other job of employment which is a care center, with the WIC clients, trying to increase business for Rocky m+n. Care.

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

Signed on the 01 day of 23, 2020  
Date Month Year

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

Natalie Cuio  
Printed Name

Natalie Cuio  
Signature

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**DISCLOSURE OF PERSONAL OR FINANCIAL INTEREST**

(Use one form for each outside business entity or person you are associated with for which disclosure is required in the above section.)

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. Raul Garcia Emergency Planner 385-468-4133  
Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone  
2001 S. State Street S2-600  
Covered Person's County Address/Volunteer's Address

B. U.S. Department of Health and Human Services/ASPR/NDMS/Utah DMAT  
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  
FinanceAdmin Section Chief/Administrative Specialist  
Covered person's status, relationship or commitment to the institution, entity, business or person named above  
Washington DC  
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.)

Intermittent emergency responder with the Utah Disaster Medical Assistance Team (DMAT). Responder to major disaster declarations, public health and medical emergencies, and events of national significance. Assignment and deployment orders are under the federal authority of the U.S. Department of Health and Human Services/Office of the Assistant Secretary for Preparedness and Response/National Disaster Medical System. Deployment assignment is typically 2-3 weeks depending on the event and extent of national personnel need. Position is covered under the Uniformed Services Employment and Reemployment Rights Act.

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

Signed on the 22 day of January, 2020,  
Date Month Year

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

Raul Garcia  
Printed Name

Raul Garcia Digitally signed by Raul Garcia  
Date: 2020.01.22 08:38:20 -07'00'

Signature

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A. VIVIAN GARCIA Medical Office 885 468 4257  
Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone  
610 So. 200 East, SLC, UT  
Covered Person's County Address/Volunteer's Address

B. Centro de la Familia  
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  
contract worker  
Covered person's status, relationship or commitment to the institution, entity, business or person named above  
525 S. 300 West SLC 84111  
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.)

This organization receives some funding from SLCOHD. I am not involved in requesting these funds from SLCOHD. I work about 1-2 hrs a week as a peer trainer

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

Signed on the 24 day of Jan, 2020  
Date Month Year

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

Vivian GARCIA  
Printed Name,

Vivian Garcia  
Signature

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