

**DISCLOSURE OF PRIVATE BUSINESS INTERESTS** (Use one form for each outside business entity, institution, or person involved.)

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 private business interests. (Type or print all information.)

A.	Derek Anthony Martinez Covered Person*	Tax Care Specialist / Treasurer's Office Position* or County Division	385-468-8317 County Phone
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2001 South State Street #N1-200, Salt Lake City UT 84114-4575 Covered Person's County Address
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B.	Saint Patrick Catholic Church, LLC Series #241 Outside institution, entity, private business or person involved
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Employed as part time Director of Religious Education and Youth Ministry Describe covered person's status, employment or investment in the outside institution, entity, private business, or personal contract
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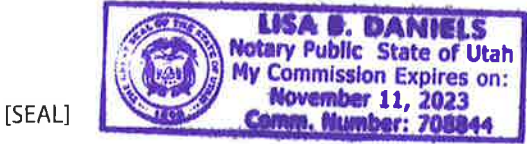
1058 West 400 South, Salt Lake City UT 84104 Outside institution, entity, business or person's address and phone number
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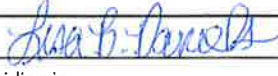
C. Describe below the nature of the assistance you are providing to the institution, entity, private business or person named above, or describe the nature of the economic interest or employment you hold in the private business. Also describe the relationship with or transaction between the business, institution, person, etc. and Salt Lake County. Use more sheets if necessary. (This disclosure statement will not be accepted as valid unless this section is completed.)

I facilitate all services for the Religious Education and Youth Ministry programs for the parish. I supervise 20+ volunteers that serve the programs. Provide instruction, mentoring, and supervision over children age 5-18. Ensure that appropriate age level religious formation is provided and accessible. Monitor annual budgets, fundraising and private donations for programs. Serve as representative of Pastor to program participants, and represent programs on all committees and councils. Facilitate monthly meetings for operations of programs. Seek out and coordinate service opportunities for youth.

  
Covered Person's Signature

SUBSCRIBED and SWORN to before me this  day of , 20 .



Lisa Daniels NOTARY PUBLIC, Residing in	
Salt Lake County, Utah County	State

**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 persists.**

\*\*\*Covered person" means any person appointed to any statutory office or position or any other person appointed to any position of employment with Salt Lake County. "Covered person" includes, but is not limited to, persons serving on special, regular or full-time committees, agencies, or boards whether or not such persons are compensated for their services.

\*\*\*Position" refers to any Salt Lake County office, appointment, employment, or uncompensated volunteer situation as described in the definition of "covered person."