

**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. Dan Braun, LCSW Salt Lake County Division of Behavioral Health Services (DBHS) 385-468-4707  
Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone  
2001 S State St Suite S2-300, SLC, UT 84114  
Covered Person's County Address/Volunteer's Address

B. Wasatch Pediatrics  
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  
Behavioral Health Director  
Covered person's status, relationship or commitment to the institution, entity, business or person named above  
6967 S Rivergate Dr #100, Midvale, UT 84047  
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.)*

Wasatch Pediatrics is in discussion with Optum Health to be a contracted behavioral health provider for Salt Lake County Medicaid.

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

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

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

Dan Braun, LCSW  
Printed Name  
Dan Braun Digitally signed by Dan Braun  
Date: 2020.01.22 09:26:28 -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**

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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. Evan Done Behavioral Health Services Advisory Committee (385) 210-0320  
Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone  
2001 South State St, Suite S2-300, Salt Lake City, UT 84114  
Covered Person's County Address/Volunteer's Address

B. Utah Support Advocates for Recovery Awareness (USARA)  
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  
180 E 2100 S, Suite 100, Salt Lake City, UT 84115  
Address and phone number of the institution, entity, business or person named above

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

- I receive or have agreed to receive compensation for assisting a person or business entity in a transaction involving Salt Lake County.
- I am an officer, director, agent, employee or the owner of a substantial interest in a business entity that is subject to the regulation of Salt Lake County.
- I am an officer, director, agent, employee or owner of a substantial interest in a business entity that does or anticipates doing business with Salt Lake County.
- I hold an investment or other financial interest that creates a potential or actual conflict with my public duties.
- I hold a personal interest that creates a potential or actual conflict with my public duties.

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 responsibilities at USARA include oversight of our annual Recovery Day celebration in Salt Lake City which is, in part, funded by Salt Lake County funds. I will recuse myself from debate or voting on the Behavioral Health Services Advisory Committee consideration of these funds. USARA also holds additional contracts with Salt Lake County to which I am not directly connected.

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

Signed on the 21 day of January, 2020,  
Date Month Year

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

EVAN DONE  
Printed Name

[Signature]  
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. JAMES C. ASHWORTH MD BHS MOVEMENT COUNCIL SALT LAKE COUNTY  
 Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone  
1376 MICHIGAN AVE SLC UT 84105  
 Covered Person's County Address/Volunteer's Address

B. UNIVERSITY OF UTAH NEUROPSYCHIATRIC INSTITUTE (UNI)  
 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  
MEDICAL DIRECTOR UNI  
 Covered person's status, relationship or commitment to the institution, entity, business or person named above  
501 CHEPETA WAY SLC UT 84108 801 587-3122  
 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.)

SALT LAKE COUNTY IS CONTRACTED WITH UNI TO PROVIDE INPATIENT SERVICES FOR UNFUNDED PEOPLE. UNI ALSO HAS CONTRACTS TO HELP PROVIDE DEVERSEOURTH SERVICES SUCH AS ~~WARREN~~ CRISIS LINES, MOBILE CRISIS OUTREACH THROUGH AS MEDICAL DIRECTOR I AM OFFICER OF THESE SERVICES REPORT DIRECTLY TO ME.

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

Signed on the 5 day of FEB, 2020  
 Date Month Year  
 at SALT LAKE CITY, UTAH  
 City or other location, and state or county

JAMES C. ASHWORTH MD  
 Printed Name  
[Signature]  
 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. Julie Ewing Salt Lake County Behavioral Health Board 8019719694  
Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone  
2799 Beverly Street, Salt Lake City, UT 84106  
Covered Person's County Address/Volunteer's Address

B. University of Utah Health Plans  
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  
6053 Fashion Square Dr. Suite 110, Murray, UT 84107  
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 an employee of the University of Utah Health Plans, a Department of the University of Utah. The University of Utah Health Plans may be interested in contracting with Salt Lake County in the future for the purposes of delivering Behavioral Health Services to County residents.

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

Signed on the 31<sup>st</sup> day of January, 2020  
Date Month Year

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

Julie Ewing  
Printed Name

[Signature]  
Signature

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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. Natalie Pinkney Volunteering 702-202-8061  
Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone  
2255 S 300 E, 311, South Salt Lake, UT 84115  
Covered Person's County Address/Volunteer's Address

B. South Salt Lake City Council  
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  
City Council Member  
Covered person's status, relationship or commitment to the institution, entity, business or person named above  
220 Morris Ave, South Salt Lake, UT 84115 801-483-6000  
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 on the city council of South Salt Lake that does work with the county

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

Signed on the 05 day of February, 2020,  
Date Month Year

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

Natalie Pinkney  
Printed Name  
Natalie Pinkney Digitally signed by Natalie Pinkney  
Date: 2020.02.05 10:39:40 -07'00'  
Signature

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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. PATRICK J. FLEMING SLCO QBHS ADVISORY COUNCIL 801-599-2181  
Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone

1478 SHERMAN AVE, SLC, UT 84105  
Covered Person's County Address/Volunteer's Address

B. UTAH HEALTH POLICY PROJECT

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

TREASURER / CHAIR ELECT

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

2369 WEST ORTON CIRCLE SUITE 20 WVC, UT 84119  
Address and phone number of the institution, entity, business or person named above

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

- I receive or have agreed to receive compensation for assisting a person or business entity in a transaction involving Salt Lake County.
- I am an officer, director, agent, employee or the owner of a substantial interest in a business entity that is subject to the regulation of Salt Lake County.
- I am an officer, director, agent, employee or owner of a substantial interest in a business entity that does or anticipates doing business with Salt Lake County.
- I hold an investment or other financial interest that creates a potential or actual conflict with my public duties.
- I hold a personal interest that creates a potential or actual conflict with my public duties.

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.)

UTPP, <sup>MAY</sup> MAY AT SOME POINT SEEK TO PROVIDE MEDICAID ENROLLMENT SERVICES FOR SLCO. OR OTHER SERVICES SUCH AS INFORMATION AND REFERRAL. THERE IS NO CONFLICT AT THIS POINT AS UHPP AND SLCO HAVE NO CONTRACTUAL RELATIONSHIP.

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

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

at SLC, SLCO, UTAH  
City or other location, and state or county

PATRICK J. FLEMING  
Printed Name

  
Signature

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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. Rob Wesemann Salt Lake County Division of Behavioral Health Services (DBHS) 801-673-8351  
Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone  
1600 West 2200 South #202 West Valley City, Utah 84119  
Covered Person's County Address/Volunteer's Address

B. National Alliance on Mental Illness, 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 Director  
Covered person's status, relationship or commitment to the institution, entity, business or person named above  
1600 West 2200 South #202 West Valley City, Utah 84119  
Address and phone number of the institution, entity, business or person named above

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

- I receive or have agreed to receive compensation for assisting a person or business entity in a transaction involving Salt Lake County.
- I am an officer, director, agent, employee or the owner of a substantial interest in a business entity that is subject to the regulation of Salt Lake County.
- I am an officer, director, agent, employee or owner of a substantial interest in a business entity that does or anticipates doing business with Salt Lake County.
- I hold an investment or other financial interest that creates a potential or actual conflict with my public duties.
- I hold a personal interest that creates a potential or actual conflict with my public duties.

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.)

NAMI Utah is a non-profit that operates within Salt Lake County. We periodically seek grant funding from many sources, one of which could include Salt Lake County.

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

Signed on the 21 day of January, 2020,  
Date Month Year

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

Rob Wesemann  
Printed Name  
Rob Wesemann Digitally signed by Rob Wesemann  
Date: 2020.01.21 13:51:39 -07'00'  
Signature

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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. Sheila Young BHSAC 801-634-1388  
Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone  
9012 S. Ridge Bend Ct Sandy, UT 84094  
Covered Person's County Address/Volunteer's Address

B. Molina Health Care  
Outside institution, entity, private business or person in which the Covered Person has a personal or business interest for which disclosure is required in the above section  
I am an employee of Molina Health Care  
Covered person's status, relationship or commitment to the institution, entity, business or person named above  
7050 Union Park Center, Midvale, UT 84098  
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 Director of Case Management with Molina Healthcare. Molina is an ACO, Molina has business interactions with different entities of Salt Lake County and as it serves Medicaid, Medicare, and Market Place insured members.

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

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

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

Sheila Young  
Printed Name

[Signature]  
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. Susan Lyn Pizitz Salt Lake County Division of Behavior Health Services  
Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone  
2001 So State St. Suite S2-300 SL, UT 84114 385-468-4707  
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

\_\_\_\_\_  
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.)

Hopeful Beginnings - I work as Director of school mental health. Hopeful Beginnings is a contracted behavioral health provider with Optum/Salt Lake County.

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

Signed on the 31<sup>st</sup> day of Jan, 2020  
Date Month Year

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

Susan Pizitz  
Printed Name

Susan Pizitz  
Signature

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A. Susan Lynn Pizitz Salt Lake County Division of Behavior Health Services  
Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone  
2001 So State St Suite S2-300 SLCO UT 84114 385-468-4707  
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

\_\_\_\_\_  
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.)

Project Connections - I work as Director of Community Program Development. Project Connection is a contracted provider with Optum/Salt Lake County.

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

Signed on the 31st day of Jan, 2020  
Date Month Year

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

Susan Pizitz  
Printed Name

Susan Pizitz  
Signature

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