

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. Afton January Communications Manager, Division of Aging & Adult Services 385-468-3189
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 84114-4575
Covered Person's County Address/Volunteer's Address

B. Utahns Against Hunger
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
244 S 500 W Suite 102, Salt Lake City, UT 84101 ph 801-328-2561
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 - I am volunteer/unpaid board member of Utahns Against Hunger, a nonprofit advocacy organization that works to end hunger.

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

Signed on the 14 day of January, 2020,
Date Month Year

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

Afton January
Printed Name
Afton January Digitally signed by Afton January
Date: 2020.01.14 10:17:01 -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

(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. Alyssa Dairsow Center Program Coordinator x83022
Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone
1300 W 300 N, SLC, UT 84116
Covered Person's County Address/Volunteer's Address

B. Curly Me! Inc.
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, Founder
Covered person's status, relationship or commitment to the institution, entity, business or person named above
3758 S Maple View Dr. #21, Millcreek, UT 84106 856-364-5567
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 executive director of the 501 c3. Curly Me! holds events and collaborates with businesses in the County.

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

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

Alyssa Dairsow
Printed Name

Alyssa Dairsow Digitally signed by Alyssa Dairsow
Date: 2020.01.13-13:05:01 -0700
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. Alyssa Dairsow Center Program Coordinator x83022
Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone
1300 W 300 N, SLC, UT 84116
Covered Person's County Address/Volunteer's Address

B. Tracy Aviary Board of Trustees
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 of Board of Trustees
Covered person's status, relationship or commitment to the institution, entity, business or person named above
589 E 1300S, SLC, UT 84105 801-596-8500
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 attend board meetings for the Aviary. I also participate in the process that results in the oversight of the Aviary operations.

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

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

Alyssa Dairsow
Printed Name

Alyssa Dairsow Digitally signed by Alyssa Dairsow
Date: 2020.01.13 13:05:01 -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

(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. Arla Vivona Fiscal Coordinator Aging and Adult Services 385-468-3177
Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone
2001 S. State Street Ste. S1-600
Covered Person's County Address/Volunteer's Address

B. Occasional clothing alterations for coworkers
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
N/A
Covered person's status, relationship or commitment to the institution, entity, business or person named above
N/A
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.)

Occasionally I do sewing and clothing alterations for coworkers and receive payment for those services.

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

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

Arla Vivona
Printed Name
Arla Vivona
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. Jamie Navarrete Salt Lake County Aging and Adult Services Case Manager 385-468-3276
Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone

2001 S State St Ste S1-600 Salt Lake City UT 84114-4575

Covered Person's County Address/Volunteer's Address

B. Utah DOPL Social Work Licensing Board

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

Licensed board member

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

160 E 300 S Salt Lake City UT 84114

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 SSW licensed board member for the Social Work Licensing board. The Licensing board regulates and monitors licensed social workers to make sure that they are in compliance with the laws, regulations and ethical standards of their license. Potential conflicts could arise with Salt Lake County licensed social workers if they have to present themselves before the board.

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

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

Jamie Navarrete
Printed Name

Jamie Navarrete Digitally signed by Jamie Navarrete
Date: 2020.01.13 13:32:21 -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.

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. Jene Mortensen Active Aging Section Manager 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 84190
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
Seasonal Events Technician
Covered person's status, relationship or commitment to the institution, entity, business or person named above
5355 West Herriman 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.

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 Seasonal Events Technician for Herriman City Recreation and Events department. I work at special events, and at two seasonal city facilities (Ice Ribbon and Blackridge Reservoir)

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

Signed on the 14 day of January, 2020,
Date Month Year

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

Jene Mortensen
Printed Name
Jene Mortensen Digitally signed by Jene Mortensen
Date: 2020.01.14 06:12:53 -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. Paul Leggett Division Director - Aging & Adult Services 3854683200
Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone

2001 S State Street - S1-600, SLC UT 84101

Covered Person's County Address/Volunteer's Address

B. Utah Commission on Volunteers - USERVE 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

Commission Chair

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

300 S Rio Grande St, Salt Lake City, UT 84101

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 commission is responsible for making funding decisions for some Americrops programs. Aging Services does not receive funding from these programs, however some other county divisions do. In those instances i recuse myself from the decision making process.

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

Signed on the 1 day of 31, 2020
Date Month Year

at SLC
City or other location, and state or county

Paul Leggett
Printed Name

[Signature]
Signature

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

DISCLOSURE OF PERSONAL OR FINANCIAL INTEREST

(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. Preston Hutchings Section Manager for SLCO Aging & Adult Services 385-468-3197
Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone
2001 S. State Street, Suite S3-300 Salt Lake City, UT. 84114
Covered Person's County Address/Volunteer's Address

B. American Combat Training LLC
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
Owner
Covered person's status, relationship or commitment to the institution, entity, business or person named above
4868 S. 1900 W Roy, UT. 84067 801-547-7475
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 own a martial arts gym that clients of Aging & Adult Services could potential attend.

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

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

Preston Hutchings
Printed Name

Preston Hutchings Digitally signed by Preston Hutchings
Date: 2020.01.13 12:36:25 -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. Rachel Stoddard Case Manager 385-468-3274
Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone
2001 S State street S1600 84114
Covered Person's County Address/Volunteer's Address

B. Social Work Licensing Board
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
Licensed Board Member
Covered person's status, relationship or commitment to the institution, entity, business or person named above
160 E 300 S SLC 84114
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 serve as a Licensed board member on the social Work board of licensing. I participate in the board functions of regulating social work licenses.
There is potential conflict as Salt lake county employees licensed social workers.


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

Signed on the 12 day of January, 2020,
Date Month Year

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

Rachel Stoddard
Printed Name

Rachel Stoddard Digitally signed by Rachel Stoddard
Date: 2020.01.13 12:57:15 -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. Stacy Suzuki Case Manager Aging Services 385-468-3272
Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone
2001 S State St Suite S1-600 SLC, Ut 84114
Covered Person's County Address/Volunteer's Address

B. Lakeview Hospital
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
PRN Behavioral Health Counselor
Covered person's status, relationship or commitment to the institution, entity, business or person named above
630 Medical Dr Bountiful UT 84010
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 is a PRN job. I hold no personal or business interest in either job. I do not make any decisions that regard transactions between Salt Lake County and Lakeview Hospital.

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

Signed on the 29 day of January, 2020,
Date Month Year

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

Stacy Suzuki
Printed Name
Stacy Suzuki
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. Susan C. Johnston Quality Assurance Manager, Aging & Adult Services 385.468.3190
Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone

2001 S State St., Ste S1-600
Covered Person's County Address/Volunteer's Address

B. Community Health Centers, Inc.
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 Treasurer; volunteer
Covered person's status, relationship or commitment to the institution, entity, business or person named above

2621 S 3200 W, 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.)

As a volunteer, I have been part of the Board of Governors for Community Health Centers, Inc. (CHC) since 2010. In 2017 I was elected Treasurer of the Board. CHC is a FQHC with 7 clinics in Utah serving both insured and uninsured patients, regardless of their ability to pay. CHC's Central City health clinic is located inside of the Salt Lake County Public Health Center located at 610 South 200 East in Salt Lake City.

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

Signed on the 23rd day of January, 2020,
Date Month Year

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

Susan C. Johnston
Printed Name

Susan Johnston Digitally signed by Susan Johnston
Date: 2020.01.23 16:01:14 -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. VADA Jill Roberts Kitchen Helper 83015
Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone

1300 W 300 N SLC, UT, 84116
Covered Person's County Address/Volunteer's Address

B. Old Time Fiddlers
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

Der Former
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 perform with them, but I don't receive pay.

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

Signed on the 14 day of January, 2020
Date Month Year

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

VADA Jill Roberts
Printed Name

VADA Jill Roberts
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.