

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. Andrea Gamble Environmental Health Scientist /EH 385-468-3845
Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone
788 East Woodoak Lane, Murray, Utah 84107

Covered Person's County Address/Volunteer's Address

B. Fun Food Handlers LLC DBA Easy Food Handlers
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

Teach Food Handlers Class and Certified Manger Class

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

2268 S 2300 E Salt Lake City, 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.
- None of the above categories apply.

D. Give a detailed description of the actual or potential conflicts of interest identified above, i.e., the nature of the relationship of each business entity or person with the County. Use more sheets if necessary. (This disclosure statement will not be accepted as valid unless this section is completed.)

I teach food handlers classes and certified manager classes.
I teach classes in the Culinary Arts Program at Salt Lake Community College.

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

Signed on the 1 day of January, 2022
Date Month Year

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

Andrea Gamble
Printed Name

Andrea Gamble Digitally signed by Andrea Gamble
Date: 2022.01.06 10:48:34 -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. Dorothy D Vilven Health Department - Medical Division 801-520-6321
Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone
278 E. New Century Ln #E78 South Salt Lake, UT 84115
Covered Person's County Address/Volunteer's Address

B. Salt Lake Culinary Education
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
Work there for special events
Covered person's status, relationship or commitment to the institution, entity, business or person named above
2233 South 300 East 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.)

This is a business in Salt Lake County, it is a business that serves food and is permitted by Salt Lake County to do so. For my job at Salt Lake County I investigate food borne illness outbreaks. There may be a potential conflict of interest if there was ever a food borne illness outbreak at this business. In the event that this might happen, I would not like to be part of that investigation.

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

Signed on the 13th day of January, 2022,
Date Month Year
at Salt Lake City, UT
City or other location, and state or county

Dorothy D Vilven
Printed Name
Dorothy D Vilven Digitally signed by Dorothy D Vilven
Date: 2022.01.13 09:13:19 -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. Kevin Okleberry Salt Lake County Health Department 385-468-3792
Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone
788 E. Woodoak Lane, Murray, Utah 84107

Covered Person's County Address/Volunteer's Address

B. Salt Lake Community College
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, Chemistry Department

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

4600 S. Redwood Road, Salt Lake City, UT 84123

Address and phone number of the institution, entity, business or person named above

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

- I receive or have agreed to receive compensation for assisting a person or business entity in a transaction involving Salt Lake County.
- I am an officer, director, agent, employee or the owner of a substantial interest in a business entity that is subject to the regulation of Salt Lake County.
- I am an officer, director, agent, employee or owner of a substantial interest in a business entity that does or anticipates doing business with Salt Lake County.
- I hold an investment or other financial interest that creates a potential or actual conflict with my public duties.
- I hold a personal interest that creates a potential or actual conflict with my public duties.
- None of the above categories apply.

D. Give a detailed description of the actual or potential conflicts of interest identified above, i.e., the nature of the relationship of each business entity or person with the County. Use more sheets if necessary. (This disclosure statement will not be accepted as valid unless this section is completed.)

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

Signed on the 6 day of January, 2022
Date Month Year

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

Kevin Okleberry
Printed Name

Kevin Okleberry Digitally signed by Kevin Okleberry
Date: 2022.01.06 10:58:03 -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. 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.
 - None of the above categories apply.

D. Give a detailed description of the actual or potential conflicts of interest identified above, i.e., the nature of the relationship of each business entity or person with the County. Use more sheets if necessary. (This disclosure statement will not be accepted as valid unless this section is completed.)

I am 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 Canyons School District and 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 20 day of January, 2022
Date Month Year

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

Kami Peterson
Printed Name
Kami A. Peterson Digitally signed by Kami A. Peterson
Date: 2022.01.20 09:47:34 -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. Nancy Lucero Office Specialist/Health Department 385-468-3825
 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. Easy Food Handlers
 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
Instructor for Certified Managers Course
 Covered person’s status, relationship or commitment to the institution, entity, business or person named above
2268 S 2399 E, Salt Lake City, UT 84109
 Address and phone number of the institution, entity, business or person named above

- C. Select the category that applies to yourself and the outside institution, entity, business or person identified in subsection (B) above:
- I receive or have agreed to receive compensation for assisting a person or business entity in a transaction involving Salt Lake County.
 - I am an officer, director, agent, employee or the owner of a substantial interest in a business entity that is subject to the regulation of Salt Lake County.
 - I am an officer, director, agent, employee or owner of a substantial interest in a business entity that does or anticipates doing business with Salt Lake County.
 - I hold an investment or other financial interest that creates a potential or actual conflict with my public duties.
 - I hold a personal interest that creates a potential or actual conflict with my public duties.
 - None of the above categories apply.

D. Give a detailed description of the actual or potential conflicts of interest identified above, i.e., the nature of the relationship of each business entity or person with the County. Use more sheets if necessary. *(This disclosure statement will not be accepted as valid unless this section is completed.)*

I teach a Certified Manager's Course in Spanish.

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

Signed on the 20 day of January, 2022
Date Month Year

Murray, Ut
at _____
City or other location, and state or county

Nancy Lucero
Printed Name
Nancy Lucero Digitally signed by Nancy Lucero
Date: 2022.01.20 10:10:10 -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. Petra E. Farmer Office Specialist 385-468-4222
Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone
SLCO Health Dept, 610 S 200 E, Salt Lake City, UT

Covered Person's County Address/Volunteer's Address

B. Centro Civico Mexicano (CCM)/ First Step House (FSH) (2 Non-Profits)
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

FSH Member & CCM President of the Board of Directors

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

155 S 200 E, SLC, UT 84101 / Bus#: 801-833-9792 Personal #801-792-7131

Address and phone number of the institution, entity, business or person named above

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

- I receive or have agreed to receive compensation for assisting a person or business entity in a transaction involving Salt Lake County.
- I am an officer, director, agent, employee or the owner of a substantial interest in a business entity that is subject to the regulation of Salt Lake County.
- I am an officer, director, agent, employee or owner of a substantial interest in a business entity that does or anticipates doing business with Salt Lake County.
- I hold an investment or other financial interest that creates a potential or actual conflict with my public duties.
- I hold a personal interest that creates a potential or actual conflict with my public duties.
- None of the above categories apply.

D. Give a detailed description of the actual or potential conflicts of interest identified above, i.e., the nature of the relationship of each business entity or person with the County. Use more sheets if necessary. (This disclosure statement will not be accepted as valid unless this section is completed.)

I am a volunteer/non-paid President of the Board of Directors of Centro Civico Mexicano and a member of the board of Directors of First Step House that have received grant funding from SLCO. I personally do not receive any compensation for my leadership as a board member. Everything I do is as a volunteer.

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

Signed on the 21 day of January, 2022
Date Month Year

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

Petra Elvira Farmer

Printed Name


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. Qing Chong Nurse Supervisor, Family Health Division, Health Dept. 385-468-3933
Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone
3690 s main St. Salt Lake City, UT 84115

Covered Person's County Address/Volunteer's Address

B. Aspen Ridge Home Health, private business
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

staff nurse, seeing patients on weekends.

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

5323 Murray Blvd, Murray UT 84123. 801-713-3248

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.)

Visiting patients on weekends for Aspen Ridge Home Health company, which doesn't have a conflict of interest with Salt Lake County.

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

Signed on the 12 day of January, 2022
Date Month Year

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

Qing Chong
Printed Name
Qing Chong Digitally signed by Qing Chong
Date: 2022.01.12 16:03:25 -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. 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. Rachel Black Environmental Health Scientist, Environmental Health 385-468-3845
Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone
788 E Woodoak Lane, Murray, Utah, 84107

Covered Person's County Address/Volunteer's Address

B. Black Diamant Environmental
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

801-926-1858

Address and phone number of the institution, entity, business or person named above

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

- I receive or have agreed to receive compensation for assisting a person or business entity in a transaction involving Salt Lake County.
- I am an officer, director, agent, employee or the owner of a substantial interest in a business entity that is subject to the regulation of Salt Lake County.
- I am an officer, director, agent, employee or owner of a substantial interest in a business entity that does or anticipates doing business with Salt Lake County.
- I hold an investment or other financial interest that creates a potential or actual conflict with my public duties.
- I hold a personal interest that creates a potential or actual conflict with my public duties.
- None of the above categories apply.

D. Give a detailed description of the actual or potential conflicts of interest identified above, i.e., the nature of the relationship of each business entity or person with the County. Use more sheets if necessary. (This disclosure statement will not be accepted as valid unless this section is completed.)

I am a licensed Asbestos Inspector and business owner at Black Diamant Environmental. I have a license from SLCO as a Predemolition Building Inspector. I am subject to following SLCO rules and regulations when doing pre-demolition building inspections.

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

Signed on the 23 day of January, 2022
Date Month Year

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

Rachel Black
Printed Name
Rachel Black Digitally signed by Rachel Black
Date: 2022.01.23 19:32:18 -07'00'

Signature

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

DISCLOSURE OF PERSONAL OR FINANCIAL INTEREST

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

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

A. Raul Garcia 385-468-4133
Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone
8906 South 540 East, Sandy, UT 84070

Covered Person's County Address/Volunteer's Address

B. Department of Health and Human Services
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

Emergency Responder

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

8906 South 540 East, Sandy, UT 84070

Address and phone number of the institution, entity, business or person named above

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

- I receive or have agreed to receive compensation for assisting a person or business entity in a transaction involving Salt Lake County.
- I am an officer, director, agent, employee or the owner of a substantial interest in a business entity that is subject to the regulation of Salt Lake County.
- I am an officer, director, agent, employee or owner of a substantial interest in a business entity that does or anticipates doing business with Salt Lake County.
- I hold an investment or other financial interest that creates a potential or actual conflict with my public duties.
- I hold a personal interest that creates a potential or actual conflict with my public duties.
- None of the above categories apply.

D. Give a detailed description of the actual or potential conflicts of interest identified above, i.e., the nature of the relationship of each business entity or person with the County. Use more sheets if necessary. (This disclosure statement will not be accepted as valid unless this section is completed.)

Intermittent emergency responder with the Utah Disaster Medical Assistance Team (DMAT). Deploy 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, (DHHS), Office of the Assistant Secretary for Preparedness and Response (ASPR), National Disaster Medical System (NDMS). Deployment assignment is typically 2-3 weeks depending on the event and extent of national disaster declaration, and regional/local personnel need. Right to deploy and position is covered under the Uniformed Services Employment and Reemployment Rights Act (USERRA).

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

Signed on the 20 day of January, 2022
Date Month Year

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

Raul Garcia
Printed Name

Raul Garcia Digitally signed by Raul Garcia
Date: 2022.01.20 08:31:44 -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. Britta Watts Health Educator 3854685307
Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone
7971 S 7825 W, West Jordan, UT 84088

Covered Person's County Address/Volunteer's Address

B. Utah Valley Refugee
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

Grant Writer Volunteer

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

125 300 S, Provo, UT

Address and phone number of the institution, entity, business or person named above

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

- I receive or have agreed to receive compensation for assisting a person or business entity in a transaction involving Salt Lake County.
- I am an officer, director, agent, employee or the owner of a substantial interest in a business entity that is subject to the regulation of Salt Lake County.
- I am an officer, director, agent, employee or owner of a substantial interest in a business entity that does or anticipates doing business with Salt Lake County.
- I hold an investment or other financial interest that creates a potential or actual conflict with my public duties.
- I hold a personal interest that creates a potential or actual conflict with my public duties.
- None of the above categories apply.

D. Give a detailed description of the actual or potential conflicts of interest identified above, i.e., the nature of the relationship of each business entity or person with the County. Use more sheets if necessary. (This disclosure statement will not be accepted as valid unless this section is completed.)

I will be volunteering at this position as a grant writer specialist. I will be looking for grants that pertain to the organization's goals which are providing care and support to refugees and others in need. When looking and applying for grants they may interfere with grants that Salt Lake County applies for. I do not anticipate there will be much conflict, but I wanted to make it clear that I will be in this position.

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

Signed on the 24 day of January, 2022
Date Month Year

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

Britta Watts

Printed Name

Britta Watts

Digitally signed by Britta Watts
Date: 2022.01.24 09:42:17 -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.