



February 12, 2024

**Jennifer Wilson**  
Salt Lake County Mayor

To Whom it May Concern:

Attached are the Conflict of Interest Disclosure Statements for the Salt Lake County Office of Data & Innovation:

- Angelina Linnett, Institute of Commercial Payments Board Member

**DEPARTMENT OF  
ADMINISTRATIVE SERVICES**

Regards,

**Megan Hillyard**  
Director

Ina Landry  
Dept. Assistant

**DIVISIONS**

ADDRESSING OFFICE  
CONTRACTS & PROCUREMENT  
FACILITIES MANAGEMENT  
INFORMATION SERVICES  
OFFICE OF DATA & INNOVATION  
RECORDS & ARCHIVES  
REAL ESTATE OFFICE

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Megan Hillyard, Dept. Director

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Mayor's Office Designee

SALT LAKE COUNTY  
GOVERNMENT CENTER  
2001 S. State St. Ste. N3200  
Salt Lake City, UT 84190  
385-468-7060 phone  
385-468-7072 fax  
[www.slco.org](http://www.slco.org)  
TTY: 7-1-1

**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. Angelina Linnett Performance & Innovation Manager 801-809-3308  
Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone  
2001 S State Street Suite N3-200 SLC, UT 84190

Covered Person's County Address/Volunteer's Address

B. Institute of Commercial Payments (IOCP/NAPCP)  
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; Government Advisory Board- volunteer/unpaid

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

IOCP PO Box 901 Wayzata MN 55391 952-546-1880

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 don't believe that there is a conflict, but wanted to be transparent. As a Government Advisory Board Member I assist in advising, facilitating and assisting other government entities in best practices amongst payment programs, auditing programs, payables, travel programs and related policies and procedures.

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

Signed on the 22 day of January, 2024  
Date Month Year

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

Angelina Linnett  
Printed Name

Angelina Linnett Digitally signed by Angelina Linnett  
Date: 2024.01.22 10:31:55 -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.*