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. Stacy Suzuki | Aging Services Case Manager | 385-468-3272

Covered Person | Position, or County Division for which you are employed or volunteering | County/Volunteer's Phone

2100 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

Behavioral Health Counselor

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

630 Medical Drive 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.
- ☒ 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 work a PRN job on the adult psychiatric floor. My job consists of assisting with patient care during their hospital stay. I do not have any decision making in admissions or discharges. This job does not consist of any transactions between myself and Salt Lake County.

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

Signed on the 25 (Date) day of January (Month), 2021 (Year),

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

Stacy Suzuki
Printed Name

Stacy Suzuki — Digitally signed by Stacy Suzuki Date: 2021.01.25 10:13:39 -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.