

March 8, 2021

Karen Crompton, Director  
Salt Lake County Human Services  
2001 S. State Street, Suite N3-200  
Salt Lake City, UT 84190

Dear Karen:


The Salt Lake County Health Department submits the following County Disclosure forms for review:

**EMPLOYEES:**

- Andrea Gamble, Easy Food Handlers, University Park Marriott & Salt Lake Community College
- Corbin Anderson, Breathe Utah
- Darrin Sluga, Dime 4 Utah
- Erika Baugh, Holladay Healthcare
- Gary Edwards, University of Utah
- Jorge Mendez, Canyons School District
- Nancy Lucero, Easy Food Handlers
- Petra Farmer, Centro Civico Mexicano
- Qing Chong, Aspen Ridge Home Health
- Rachel Black, Black Environmental & Diamant Environmental
- Rachel Bowman, Instructional Connections

If you have any questions, please do not hesitate to contact me.

Sincerely,

  
Gary L. Edwards, M.S.  
Executive Director

**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 EH, Bureau of Food Protection

Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone  
788 East Woodoak Lane Murray, UT 84107

Covered Person's County Address/Volunteer's Address

B. Easy Food Handlers, Adjunct Professor Culinary Arts, and 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

Instructor for Food-handlers and Certified Manger classes.

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

2268 S 2300 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 food handler and certified manger classes for Easy Food Handlers.  
I teach 3 classes in the Culinary Arts Program and Salt Lake Community College.

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

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

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

Andrea Gamble  
Printed Name

Andrea Gamble Digitally signed by Andrea Gamble  
Date: 2021.01.25 11:13:41 -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. Corbin Anderson Health Department 385-468-3887  
Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone  
788 E Woodoak Lane, Murray Utah  
Covered Person's County Address/Volunteer's Address

B. Breathe 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  
Board Member  
Covered person's status, relationship or commitment to the institution, entity, business or person named above  
PO BOX 522435, SALT LAKE CITY, UT 84152-2435  
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 02 day of February, 2021,  
Date Month Year

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

CORBIN ANDERSON  
Printed Name

Corbin Anderson Digitally signed by Corbin Anderson  
Date: 2021.02.02 12:40:12 -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. Darrin Sluga Bureau Manager, Health 385-468-5278  
Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone  
7971 South Redwood Road, West Jordan, UT 84088

Covered Person's County Address/Volunteer's Address

B. DIME 4 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

Board Member

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

www.dime4ut.org, (801) 580-2490

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 non-legal/unofficial board member for this entity that may be applying for grant funding from Salt Lake County agencies. I do not plan to receive any personal compensation for my involvement with this group.

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

Signed on the 2 day of February, 2021,  
Date Month Year

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

Darrin Sluga  
Printed Name

Darrin Sluga Digitally signed by Darrin Sluga  
Date: 2021.02.02 13:08:29 -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. Ericka Baugh      Public Health Nurse      801-638-4874  
Covered Person      Position, or County Division for which you are employed or volunteering      County/Volunteer's Phone  
3285 West Danube Dr. Taylorsville Utah  
Covered Person's County Address/Volunteer's Address

B. Holladay Healthcare Center  
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  
Charge Nurse  
Covered person's status, relationship or commitment to the institution, entity, business or person named above  
4287 Holladay Blvd, Holladay Ut. 801-277-7002  
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.)

The nursing home is under the jurisdiction of Salt Lake County Health Department.

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

Signed on the 3 day of February, 2021,  
Date      Month      Year

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

Ericka Baugh.  
Printed Name  
**Ericka Baugh** Digitally signed by Ericka Baugh  
Date: 2021.03.16 13:48:23 -06'00'  
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. Gary Edwards Director/Health 385-468-4117  
Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone  
2001 S. State Street, Suite S2-600  
Covered Person's County Address/Volunteer's Address

B. University of 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  
Adjunct Faculty  
Covered person's status, relationship or commitment to the institution, entity, business or person named above  
U of U Department of Health Education & Promotion (801-581-8114)  
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.)

None of the above categories apply.  
Teach evening classes at University of Utah.

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

Signed on the 23rd day of February, 2021,  
Date Month Year

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

Gary L. Edwards  
Printed Name

Gary Edwards Digitally signed by Gary Edwards  
Date: 2021.02.23 18:24:33 -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. Jorge Mendez Environmental Health Supervisor 83913  
Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone  
788 E. Woodoak Ln. Murray UT, 84107  
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  
Food Safety Teacher  
Covered person's status, relationship or commitment to the institution, entity, business or person named above  
825 E 9085 S, Sandy, UT 84094 (801) 826-6670  
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 the food handlers permit class on the second and fourth week of each month except holidays and the food manager certification class up to four times per year if we have sufficient participants who sign up for the class.

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

Signed on the 2nd day of February, 2021,  
Date Month Year

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

Jorge Mendez  
Printed Name

Jorge Mendez Digitally signed by Jorge Mendez  
Signature Date: 2021.02.02 15:31:28 -07'00'

*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 Salt Lake County Health Department 385-468-4222  
Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone  
Medical Division/Infectious Disease

610 South 200 East, Rm. 2103, SLC UT 84111  
Covered Person's County Address/Volunteer's Address

B. Centro Civico Mexicano  
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 of Directors  
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.
  - 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.)

Serving SLC community cultural, sports, education and affordable housing.

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

Signed on the 2 day of February, 2021,  
Date Month Year

at Salt Lake City UT 84101  
City or other location, and state or county

Petra E. Farmer  
Printed Name

  
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. Nancy Lucero Office Specialist 385-468-3845  
Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer’s Phone

Covered Person’s County Address/Volunteer’s Address

B. 1020 N American Beauty Dr, Salt Lake City, UT 84116  
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

Easy Food Handlers Inc

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

Educator/Employee

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 Serve Safe Course in food safety.

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

Signed on the 2 day of February, 2021,  
Date Month Year

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

Nancy Lucero  
Printed Name

Nancy Lucero  
Signature

Digitally signed by Nancy Lucero  
Date: 2021.02.02 12:53:14 -07'00'

*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. Qing Chong          nursing supervisor, family health, health department          385-468-3933  
Covered Person          Position, or County Division for which you are employed or volunteering          County/Volunteer's Phone  
3690 s Main St, SLC UT 84115

Covered Person's County Address/Volunteer's Address

B. Aspen Ridge Home Health  
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 working on weekends  
Covered person's status, relationship or commitment to the institution, entity, business or person named above  
5323 Murray BLVD, Murray, UT 84123  
Address and phone number of the institution, entity, business or person named above

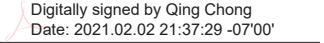
- C. Select the category that applies to yourself and the outside institution, entity, business or person identified in subsection (B) above:
- I receive or have agreed to receive compensation for assisting a person or business entity in a transaction involving Salt Lake County.
  - I am an officer, 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.)

Work as a staff nurse on weekends at Aspen Ridge Home Health including assessing patients medical situation, medication teaching, providing nursing interventions per order, etc.The agency may anticipate to report infectious diseases to county ID.

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

Signed on the 2nd day of February, 2021,  
Date          Month          Year  
at Salt Lake City, UT  
City or other location, and state or county

Qing Chong  
Printed Name  
Qing Chong  
Signature  
  
Digitally signed by Qing Chong  
Date: 2021.02.02 21:37:29 -07'00'

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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. Rachel Black SLCO, Environmental Health 801-918-3178  
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 Environmental & 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

1316 S 1175 E, Clearfield, Utah 84015 / 1178 S 300 E, SLC, UT 84111

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.)

Asbestos Inspector, Pre-demolition Inspector, and owner of business that does these two activities.

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

Signed on the 24 day of January, 2021,  
Date Month Year

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

Rachel Black  
Printed Name

Rachel Black  
Signature

Digitally signed by Rachel Black  
Date: 2021.01.24 23:50:18 -07'00'

***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. Rachel Bowman Family Health 385-468-4374  
Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone  
2066 West 13330 South Riverton, Utah 84065  
Covered Person's County Address/Volunteer's Address

B. Instructional Connections  
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  
Registered Dietitian, Adjunct Faculty  
Covered person's status, relationship or commitment to the institution, entity, business or person named above  
P.O. Box 223696, Dallas, Texas 75222, 888-221-2418  
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.)

There is no conflict of interest with Salt Lake County, as I am adjunct faculty for the University of Texas- Rio Grande Valley, and just provide academic instruction for college-level nutrition classes for nursing students in Texas.

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

Signed on the 2 day of February, 2021,  
Date Month Year

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

Rachel Bowman  
Printed Name

Rachel Bowman Digitally signed by Rachel Bowman  
Date: 2021.02.02 13:26:59 -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.***