



MEMORANDUM

Date: January 30, 2019

To: Karen Crompton, Human Services Director

From: Paul Leggett

Subject: Annual Conflict of Interest Statements – Aging and Adult Services

Jenny Wilson

Salt Lake County Mayor

AGING & ADULT SERVICES

Karen Crompton

Department Director

Human Services

Paul Leggett

Division Director

Aging & Adult Services

Attached please find Disclosure Statements for the following Aging and Adult Services Staff:

Afton January
Alyssha Dairsow
Alyssha Dairsow
Annia Hunter
Arla Vivona
Emily Donaldson
Jamie Navarrete
Janet Frick
Jeremy Hart

Kenneth Donarski
Pauline McBride
Preston Hutchings
Preston Hutchings
Rachel Stoddard
Shauna Brock
Stacy Suzuki
Susan Johnston
Vada Jill Roberts

Thank you,

A handwritten signature in black ink, appearing to read 'Paul Leggett'.

Paul Leggett

Enclosure

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. Afton January Grants & Communications Manager, Aging & Adult Services 385-468-3189
 Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone
Salt Lake County Govt Center, Suite S1-600

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

Member, Board of Directors

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

764 200 W, Salt Lake City, UT 84101; (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.

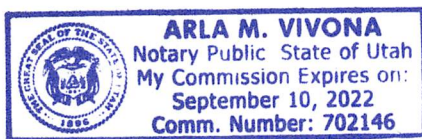
D. Give a detailed description of the actual or potential conflicts of interest identified above, i.e., the nature of the relationship of each business entity or person with the County. Use more sheets if necessary. *(This disclosure statement will not be accepted as valid unless this section is completed.)*

Potential conflict of interest - currently serving as board member of Utahns Against Hunger, a nonprofit statewide advocacy organization that promotes anti-hunger public policy.



[Signature]
 Covered Person's Signature

SUBSCRIBED and SWORN to before me this 14 day of January, 2019.



[SEAL]

Arla M. Vivona
 NOTARY PUBLIC, Residing in
Salt Lake UT
 County State

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. Alyssa Dairson Aging & Adult services 385-468-3010
Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone
3758 S Maple View Drive #21 Millcreek, UT 84106
Covered Person's County Address/Volunteer's Address

B. Tracy Ariary
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 (Board of Trustees)
Covered person's status, relationship or commitment to the institution, entity, business or person named above
589 East 1300 South Salt Lake City, 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:

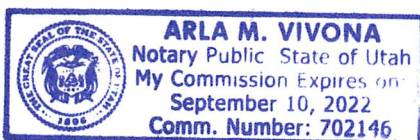
- ☐ I receive or have agreed to receive compensation for assisting a person or business entity in a transaction involving Salt Lake County.
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- I attend board meetings
- participate in the process that results in the oversight of the Ariary operations

Alyssa Dairson
Covered Person's Signature

SUBSCRIBED and SWORN to before me this 15 day of January, 20 19.



[SEAL]

Arla M. Vivona
NOTARY PUBLIC, Residing in

Salt Lake
County

UT
State

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A. Alyssa Dairson Aging+Adult Services 385-468-3010
Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone

3758 S Maple View Dr. #21 Millcreek, UT 84106
Covered Person's County Address/Volunteer's Address

B. Curly Me!
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

Founder, Director of organization
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:

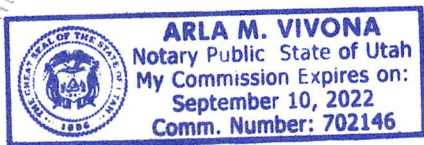
- ☐ I receive or have agreed to receive compensation for assisting a person or business entity in a transaction involving Salt Lake County.
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- ☐ I hold a personal interest that creates a potential or actual conflict with my public duties.

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 Founder and director of events for a 501(c)(3) organization, Curly Me!. I hold events in the county that collaborate with other businesses in the county.



[SEAL]



Alyssa Dairson
Covered Person's Signature

SUBSCRIBED and SWORN to before me this 13 day of January, 20 19.

Arla M. Vivona
NOTARY PUBLIC, Residing in

Salt Lake UT
County State

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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. ANNEA HARTER KITCHEN AIDE 385-468-3200
Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone

4851 W. 4715 S. KEARNS, UT 84118
Covered Person's County Address/Volunteer's Address

B. part time job cleaning houses
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

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

2894 E Ridge Water Dr SLCC, UT 84121
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.)

friend Mary Cowen / Linda Keith Renfro
5958 Goldrush / 4877 Niagara
West Valley UT 84128 / Kearns UT 84118
1-801-891-1089 / 1-801-966-2767

Annea M Harter
Covered Person's Signature

SUBSCRIBED and SWORN to before me this 28 day of January, 2019.



[SEAL]

[Signature]
NOTARY PUBLIC, Residing in
Salt Lake UT
County State

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PL

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. 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, Salt Lake City Utah 84190

Covered Person's County Address/Volunteer's Address

B. 4021 S. Peachwood Dr. West Valley City, UT 84119
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

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

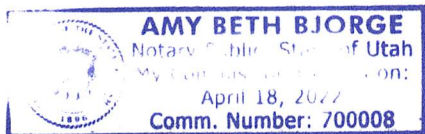
Address and phone number of the institution, entity, business or person named above

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.
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- ☒ 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 occasionally provide clothing alteration services for coworkers for which I am compensated.



Arla M. Vivona
Covered Person's Signature

SUBSCRIBED and SWORN to before me this 22 day of January, 2019, by Arla M Vivona.

Amy Borge
NOTARY PUBLIC, Residing in

Salt Lake UT
County State

[SEAL]

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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. Emily Donaldson Center Program Coordinator, Aging and Adult Services 385-468-3022
Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone
1300 W 300 N, Salt Lake City, UT 84116

Covered Person's County Address/Volunteer's Address

B. Salt Lake County Library Services - Taylorsville Branch

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

Volunteer

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

4870 S 2700 W, Taylorsville, UT 84129; 801-943-4636

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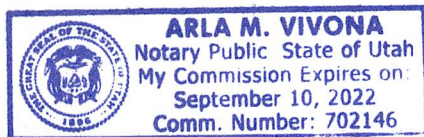
D. Give a detailed description of the actual or potential conflicts of interest identified above, i.e., the nature of the relationship of each business entity or person with the County. Use more sheets if necessary. *(This disclosure statement will not be accepted as valid unless this section is completed.)*

As a volunteer at the Taylorsville Library, I assist with various tasks like preparing materials for the used book sale, organizing craft supplies, posting fliers, etc. I do not anticipate any conflict of interest will arise from this volunteer position, but I am submitting this form because of the possibility that an unforeseen potential conflict could exist.



Emily Donaldson
Covered Person's Signature

SUBSCRIBED and SWORN to before me this 15 day of January, 2019.



[SEAL]

Arla M. Vivona
NOTARY PUBLIC, Residing in
Salt Lake UT
County State

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A. Jamie Navarrete Case Manager 3854683276
 Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone
2001 S. State St. Suite 51-600 SLc UT 84114-4575
 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
Board Member
 Covered person's status, relationship or commitment to the institution, entity, business or person named above
160 E 300 S. SLc UT 801 530 6136
 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:

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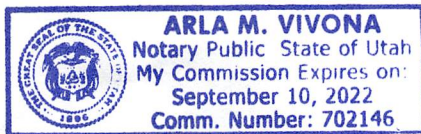
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I am a SSW employed through SLCo. I serve as an SSW representative addressing ethics and ~~SSW~~ licensing on the licensing board for the state of Utah.



SUBSCRIBED and SWORN to before me this 7 day of January, 2019.

[SEAL]



Jamie Navarrete
 Covered Person's Signature

Arla M. Vivona
 NOTARY PUBLIC, Residing in

Salt Lake,
 County

UT
 State

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A. Janet Frick Aging & Adult Services Volunteer Coordinator 385-468-3201
Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone
Government Center 2001 S State Street, Suite S1-500 SLC, UT 84114-4575

Covered Person's County Address/Volunteer's Address

B. #1 Utah Aging Alliance; #2 Art Access, #3 South Salt Lake, #4 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

#1. Past President; #2 Contracted Project Coordinator; #3 Contracted Project Coordinator; Escort Student Trips

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

1Bill Worth801-892-8300;2Elise Butterfield801-328-0703,3Myrna Clark801-483-6076,KimMartinez581-5613

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:

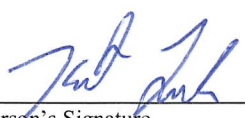
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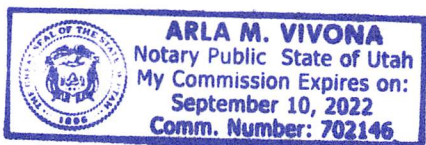
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1. There are SLCo Colleagues that attend the UAA conference which I help organize. 2. Aging & Adult Services has worked with Art Access programming. 3. Within SSL Columbus Center, the county has a senior center. 4. Aging & Adult Services has a MOW route at the Bennion Center.




SUBSCRIBED and SWORN to before me this 04 day of January, 2019.


Covered Person's Signature



[SEAL]


NOTARY PUBLIC, Residing in
Salt Lake UT
County State

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A. Janet Frick Aging & Adult Services Volunteer Coordinator 385-468-3201
Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone
Government Center 2001 S State Street, Suite S1-500 SLC, UT 84114-4575
Covered Person's County Address/Volunteer's Address

B. #1 Utah Aging Alliance; #2 Art Access, #3 South Salt Lake, #4 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
#1. Past President; #2 Contracted Project Coordinator; #3 Contracted Project Coordinator; Escort Student Trips
Covered person's status, relationship or commitment to the institution, entity, business or person named above
1Bill Worth801-892-8300;2Elise Butterfield801-328-0703,3Myrna Clark801-483-6076,KimMartinez581-5613
Address and phone number of the institution, entity, business or person named above

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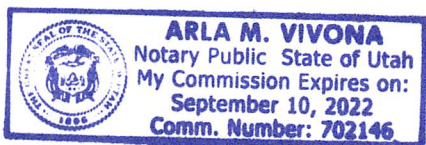
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1. There are SLCo Colleagues that attend the UAA conference which I help organize. 2. Aging & Adult Services has worked with Art Access programing. 3. Within SSL Columbus Center, the county has a senior center. 4. Aging & Adult Services has a MOW route at the Bennion Center.



SUBSCRIBED and SWORN to before me this 04 day of January, 2019.

[SEAL]



Janet Frick
Covered Person's Signature

Arla M. Vivona
NOTARY PUBLIC, Residing in
Salt Lake UT
County State

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A. Janet Frick Aging & Adult Services Volunteer Coordinator 385-468-3201
Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone
Government Center 2001 S State Street, Suite S1-500 SLC, UT 84114-4575
Covered Person's County Address/Volunteer's Address

B. #1 Utah Aging Alliance; #2 Art Access, #3 South Salt Lake, #4 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
#1. Past President; #2 Contracted Project Coordinator; #3 Contracted Project Coordinator; Escort Student Trips
Covered person's status, relationship or commitment to the institution, entity, business or person named above
1Bill Worth801-892-8300;2Elise Butterfield801-328-0703,3Myrna Clark801-483-6076,KimMartinez581-5613
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:

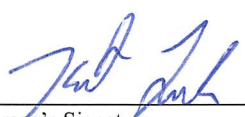
- ☐ I receive or have agreed to receive compensation for assisting a person or business entity in a transaction involving Salt Lake County.
- ☐ I am an officer, director, agent, employee or the owner of a substantial interest in a business entity that is subject to the regulation of Salt Lake County.
- ☐ 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.

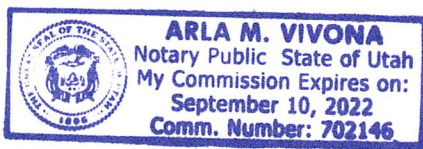
D. Give a detailed description of the actual or potential conflicts of interest identified above, i.e., the nature of the relationship of each business entity or person with the County. Use more sheets if necessary. *(This disclosure statement will not be accepted as valid unless this section is completed.)*

1. There are SLCo Colleagues that attend the UAA conference which I help organize. 2. Aging & Adult Services has worked with Art Access programing. 3. Within SSL Columbus Center, the county has a senior center. 4. Aging & Adult Services has a MOW route at the Bennion Center.




SUBSCRIBED and SWORN to before me this 04 day of January, 2019.


Covered Person's Signature



[SEAL]


NOTARY PUBLIC, Residing in
Salt Lake UT
County State

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. Janet Frick Aging & Adult Services Volunteer Coordinator 385-468-3201
Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone
Government Center 2001 S State Street, Suite S1-500 SLC, UT 84114-4575
Covered Person's County Address/Volunteer's Address

B. #1 Utah Aging Alliance; #2 Art Access, #3 South Salt Lake, #4 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
#1. Past President; #2 Contracted Project Coordinator; #3 Contracted Project Coordinator; Escort Student Trips
Covered person's status, relationship or commitment to the institution, entity, business or person named above
1Bill Worth801-892-8300;2Elise Butterfield801-328-0703,3Myrna Clark801-483-6076,KimMartinez581-5613
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:

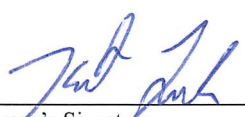
- ☐ I receive or have agreed to receive compensation for assisting a person or business entity in a transaction involving Salt Lake County.
- ☐ I am an officer, director, agent, employee or the owner of a substantial interest in a business entity that is subject to the regulation of Salt Lake County.
- ☐ 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.

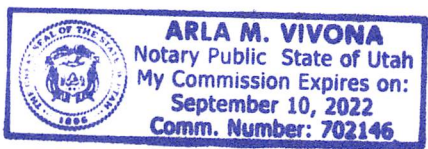
D. Give a detailed description of the actual or potential conflicts of interest identified above, i.e., the nature of the relationship of each business entity or person with the County. Use more sheets if necessary. *(This disclosure statement will not be accepted as valid unless this section is completed.)*

1. There are SLCo Colleagues that attend the UAA conference which I help organize. 2. Aging & Adult Services has worked with Art Access programing. 3. Within SSL Columbus Center, the county has a senior center. 4. Aging & Adult Services has a MOW route at the Bennion Center.




SUBSCRIBED and SWORN to before me this 04 day of January, 2019.


Covered Person's Signature



[SEAL]


NOTARY PUBLIC, Residing in
Salt Lake UT
County State

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. Jeremy Hart Aging and Adult Services 385-468-3258
Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone
2001 S. State St.

Covered Person's County Address/Volunteer's Address

B. AARP of Utah, Community Recreation Association
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 Members

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

AARP 6975 Union Park Center #320 801-448-3616; CRA 3876 W. Centerview Way 801-260-7600

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.

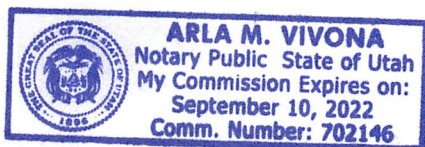
D. Give a detailed description of the actual or potential conflicts of interest identified above, i.e., the nature of the relationship of each business entity or person with the County. Use more sheets if necessary. *(This disclosure statement will not be accepted as valid unless this section is completed.)*

I am a Board Member of both AARP and CRA.



[Signature]
Covered Person's Signature

SUBSCRIBED and SWORN to before me this 19 day of January, 2019.



[SEAL]

Arla M. Vivona
NOTARY PUBLIC, Residing in
Salt Lake UT
County State

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. Kenneth M Donarsk Midvale Center Manager

385-468-3351

Covered Person

Position, or County Division for which you are employed or volunteering

County/Volunteer's Phone

6362 Crystal River Drive, Murray, Utah 84123

Covered Person's County Address/Volunteer's Address

B. City of Taylorsville

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

Consultant

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

2600 Taylorsville Blvd, Taylorsville, 84129 801-963-5400

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:

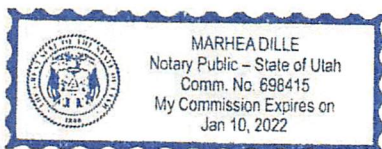
- ☒ I receive or have agreed to receive compensation for assisting a person or business entity in a transaction involving Salt Lake County.
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- ☐ I am an officer, director, agent, employee or owner of a substantial interest in a business entity that 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 help manage the City of Taylorsville CDBG funds which it receives from the Department of Housing and Urban Development (HUD) and The HOME funds Taylorsville is part of the County consortium. The HOME funds is managed through the County Division of Housing.

Kenneth M Donarsk
Covered Person's Signature

SUBSCRIBED and SWORN to before me this 4 day of Jan, 2019.



[SEAL]

Marhea Dille

NOTARY PUBLIC, Residing in

Salt Lake
County

Ut
State

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.

PL

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. Pauline McBride Active Aging Program Manager

Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone
2100 S State Street, Salt Lake City

Covered Person's County Address/Volunteer's Address

B. South Salt Lake Valley Mosquito Abatement District, Daniel McBride

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

Daniel is my husband.

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

7308 Airport Rd, West Jordan UT 84084 801-255-4651 X104

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.)

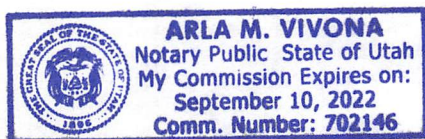
Daniel is my husband. He is the Education Specialist for his employer and presents to the public. He has worked with the senior centers to present to seniors in the South Salt Lake Valley District.



Pauline McBride
Digitally signed by Pauline McBride
Date: 2019.01.17 08:57:56 -07'00'

Covered Person's Signature

SUBSCRIBED and SWORN to before me this 22 day of January, 2019.



[SEAL]

Arla M. Vivona
NOTARY PUBLIC, Residing in
Salt Lake UT
County State

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. Preston Hutchings Section Manager for Aging & Adult Services 385-468-3197
Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone
1071 E Mecham Lane Midvale, UT 84047

Covered Person's County Address/Volunteer's Address

B. American Combat Training
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

Business owner

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

4868 S 1900 W Roy, UT 84067 801-547-7475/208-317-4124

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:

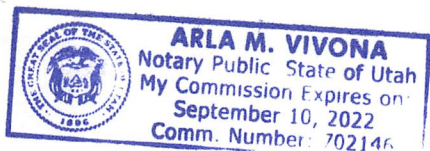
- ☐ I receive or have agreed to receive compensation for assisting a person or business entity in a transaction involving Salt Lake County.
- ☐ I am an officer, director, agent, employee or the owner of a substantial interest in a business entity that is subject to the regulation of Salt Lake County.
- ☒ 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.)*

There is a potential that clients that receive services from Aging & Adult Services would become a member of the gym. The gym is in Weber County but we may do seminars in Salt Lake County.



[SEAL]



[Signature]
Covered Person's Signature

SUBSCRIBED and SWORN to before me this 17 day of January, 2019.

Arla M. Vivona
NOTARY PUBLIC, Residing in

Salt Lake
County

UT
State

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. Preston Hutchings Section Manager for Aging & Adult Services 385-468-3197
Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone
1071 E Mecham Lane Midvale, UT 84047
Covered Person's County Address/Volunteer's Address
- B. URSTA Utah Urban Rural Specialized Transportation Association
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 for URSTA
Covered person's status, relationship or commitment to the institution, entity, business or person named above
PO Box 142 Smithfield, UT 84335 435-213-3332
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 sit on the board for URSTA. I go to conferences and assist in decisions for the organization. URSTA provides training, education, advocacy and networking for transit providers and their employees in Utah and surrounding states.



SUBSCRIBED and SWORN to before me this 17 day of January, 2019.

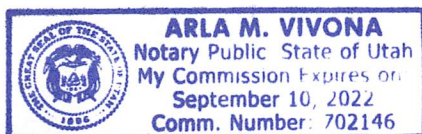
[Signature]
Covered Person's Signature

Arla M. Vivona
NOTARY PUBLIC, Residing in

Salt Lake
County

UT
State

[SEAL]



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 Stoddard Casemanager 385-468-3274
Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone

2001 S. State Street S11000
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

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

140 E 300 S. SLC UT 801-530-6134
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.
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- ☒ 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.)

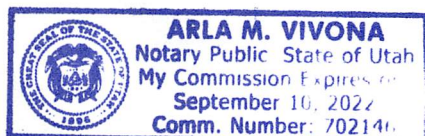
I serve as a SSW on the social work licensing board.
I represent SSW options and support their ethics in the community.
I also am a SSW employed at salt lake county.



SUBSCRIBED and SWORN to before me this 7 day of January, 2019.

Rachel Stoddard
Covered Person's Signature

[SEAL]



Arla M. Vivona
NOTARY PUBLIC, Residing in
Salt Lake Utah
County State

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.

92

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. Shauna Brock Aging & Adult Services 8016333920
Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone
230 S 500 W #16/SLC/UT/84101

Covered Person's County Address/Volunteer's Address

B. The Utah Pride Center/League of Utah Writers

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

Coordinator for the 1 to 5 Club - on coordinating team /LUW: chapter coordinator/board member (unpaid)

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

1380 Main St, Salt Lake City, UT 84115/801-539-8800

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.
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- ☐ 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.

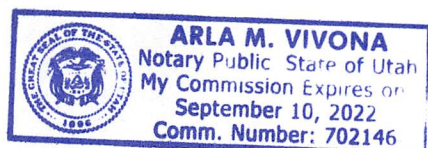
D. Give a detailed description of the actual or potential conflicts of interest identified above, i.e., the nature of the relationship of each business entity or person with the County. Use more sheets if necessary. *(This disclosure statement will not be accepted as valid unless this section is completed.)*

With the Utah Pride Center: I help to run the team that puts together events for the 1 to 5 club. There will, at times, be people who are/could be served by Aging Services who come to events, but there is no promotion of services other than to refer people to SAGE if necessary.

With the League of Utah Writers: I coordinate a chapter of the league and as the coordinator, am a member of the board of directors. There are, at times, attendees who are/could be served by Aging Services at meetings but AAS services are not discussed at these events.



[SEAL]



Shauna Brock

Digitally signed by Shauna Brock
Date: 2019.01.24 12:02:54 -07'00'

Covered Person's Signature

SUBSCRIBED and SWORN to before me this 24 day of January, 20 19.

Arla M. Vivona
NOTARY PUBLIC, Residing in

Salt Lake
County

UT
State

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. Shauna Brock Aging & Adult Services 8016333920
Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone
230 S 500 W #16/SLC/UT/84101

Covered Person's County Address/Volunteer's Address

B. The Utah Pride Center/League of Utah Writers

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

Coordinator for the 1 to 5 Club - on coordinating team /LUW: chapter coordinator/board member (unpaid)

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

1380 Main St, Salt Lake City, UT 84115/801-539-8800

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:

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- ☒ 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.)*

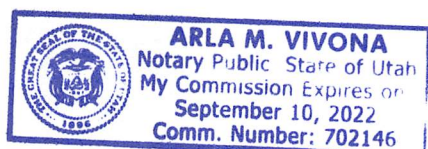
With the Utah Pride Center: I help to run the team that puts together events for the 1 to 5 club. There will, at times, be people who are/could be served by Aging Services who come to events, but there is no promotion of services other than to refer people to SAGE if necessary.

With the League of Utah Writers: I coordinate a chapter of the league and as the coordinator, am a member of the board of directors. There are, at times, attendees who are/could be served by Aging Services at meetings but AAS services are not discussed at these events.



SUBSCRIBED and SWORN to before me this 24 day of January, 2019.

[SEAL]



Shauna Brock

Covered Person's Signature

Digitally signed by Shauna Brock
Date: 2019.01.24 12:02:54 -07'00'

Arla M. Vivona
NOTARY PUBLIC, Residing in

Salt Lake
County

UT
State

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. Stacy Suzuki Salt Lake County Aging Services Case Manager 3854683272
 Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone
2001 S State St. Suite S1-600

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 worker

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.)*

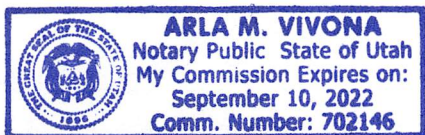
I work part time as a PRN employee for a hospital on the behavioral health floor. This hospital is not located in Salt Lake County. I have no financial interest in either the hospital or Salt Lake County and am not involved in any transactions or regulations that occur between the two entities. I am not aware of any conflict of interest between myself or the two businesses.



SUBSCRIBED and SWORN to before me this 07 day of January, 2019.

Stacy Suzuki
 Covered Person's Signature

[SEAL]



Arla M. Vivona
 NOTARY PUBLIC, Residing in

Salt Lake UT
 County State

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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. 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

Volunteer Board Governor; Treasurer of the Board

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

2621 S 3270 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:

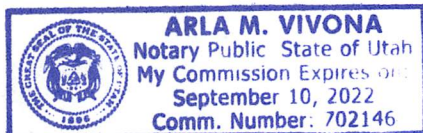
- ☐ I receive or have agreed to receive compensation for assisting a person or business entity in a transaction involving Salt Lake County.
- ☒ I am an officer, director, agent, employee or the owner of a substantial interest in a business entity that is subject to the regulation of Salt Lake County.
- ☒ 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. Additionally, CHC's new Central City health clinic is located inside of the Salt Lake County Public Health Center located at 610 S 200 East in Salt Lake City.

Susan C. Johnston
Covered Person's Signature

SUBSCRIBED and SWORN to before me this 17 day of January, 2019.



[SEAL]

Arla M. Vivona
NOTARY PUBLIC, Residing in
Salt Lake UT
County State

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 Aging Services 383-468-3015
Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone
1300 W 300 N SLCC Utah 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
MUSICIAN
Covered person's status, relationship or commitment to the institution, entity, business or person named above
Marilyn Dillard - 801-413-4804
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:

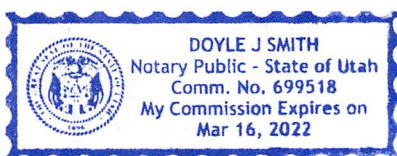
- ☐ I receive or have agreed to receive compensation for assisting a person or business entity in a transaction involving Salt Lake County.
- ☐ I am an officer, director, agent, employee or the owner of a substantial interest in a business entity that is subject to the regulation of Salt Lake County.
- ☐ 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.)

old time Fiddlers sometimes play
for the Senior Centers. I am a
member of the old time Fiddler
its a voluntary service

VADA Jill Roberts
Covered Person's Signature

SUBSCRIBED and SWORN to before me this 11 day of January, 2019.



[SEAL]

Doyle J. Smith
NOTARY PUBLIC, Residing in
SALT LAKE UTAH
County State

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.