



Jenny Wilson
Salt Lake County Mayor

**AGING & ADULT
SERVICES**

Karen Crompton
*Department Director
Human Services*

Paul Leggett
*Division Director
Aging & Adult Services*

Date: January 30, 2019
To: Karen Crompton, Human Services Director
From: Paul Leggett
Subject: Annual Conflict of Interest Statements – Aging and Adult Services

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

Afton January
Alyssa Dairsow
Alyssa 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 that reads "Paul".

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.



Covered Person's Signature

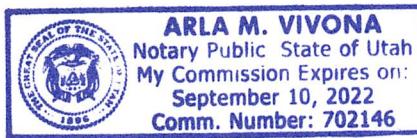
Arla M. Vivona

NOTARY PUBLIC, Residing in

Salt Lake

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 refiled 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. Alyssha 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 Aviary
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.
 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 attend board meetings
-participate in the process that results in the oversight of the Aviary operations

Alyssha Dairson
Covered Person's Signature

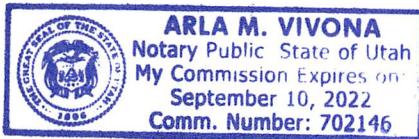
SUBSCRIBED and SWORN to before me this 15 day of January, 20 19.

NOTARY PUBLIC, Residing in

Salt Lake
County

UT
State

[SEAL]



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R

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. Alyssha 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 856-364-5547
 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 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.



Alyssha Dairson
 Covered Person's Signature

SUBSCRIBED and SWORN to before me this 15 day of

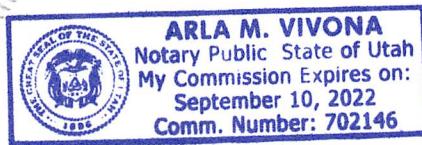
January, 20 19

NOTARY PUBLIC, Residing in

Salt Lake
 County

UT
 State

[SEAL]



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

4851 W. 4705 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 Bridgewater Dr SLC UT 84121 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.

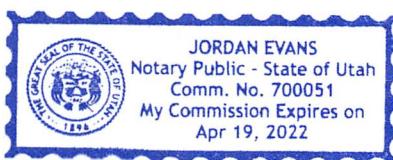
D. Give a detailed description of the actual or potential conflicts of interest identified above, i.e., the nature of the relationship of each business entity or person with the County. Use more sheets if necessary. (This disclosure statement will not be accepted as valid unless this section is completed.)

friend Mary Cowen Linda Keith Benford
5958 Goldrush 4877 Niagara
West Valley UT 84128 Kern's UT 84118
1-801-891-1089 1-801-966-2167

Anna M Huter

Covered Person's Signature

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



NOTARY PUBLIC, Residing in

Salt Lake

UT

County

State

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. 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.

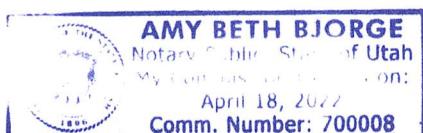
I am an officer, director, agent, employee or owner of a substantial interest in a business entity that does or anticipates doing business with Salt Lake County.

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



Covered Person's Signature

SUBSCRIBED and SWORN to before me this 22 day of January, 20 19 by Arla M Vivona.

Amy Bjorge
 NOTARY PUBLIC, Residing in
Salt Lake UT
 County 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 refiled every January, as long as the potential conflict exists.

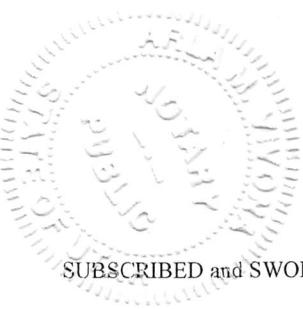
DISCLOSURE OF PERSONAL OR FINANCIAL INTEREST

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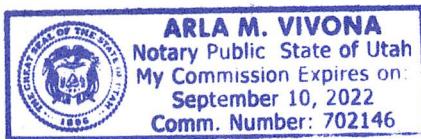
A.	Emily Donaldson	Center Program Coordinator, Aging and Adult Services	385-468-3022
	Covered Person	Position, or County Division for which you are employed or volunteering	County/Volunteer's Phone
	1300 W 300 N, Salt Lake City, UT 84116		
	Covered Person's County Address/Volunteer's Address		
B.	Salt 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:		
	<input type="checkbox"/> I receive or have agreed to receive compensation for assisting a person or business entity in a transaction involving Salt Lake County. <input type="checkbox"/> 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. <input type="checkbox"/> 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. <input type="checkbox"/> I hold an investment or other financial interest that creates a potential or actual conflict with my public duties. <input checked="" type="checkbox"/> 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 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.



Covered Person's Signature

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



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

[SEAL]

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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. 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

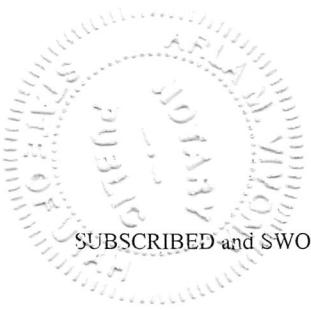
Address and phone number of the institution, entity, business or person named above

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

- 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 SSW employed through SLC. I serve as an SSW representative addressing ethics and ~~Social~~ licensing on the licensing board for the state of Utah.



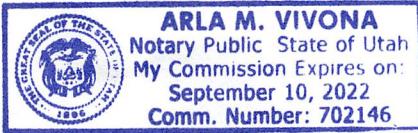
Jamie Navarrete
 Covered Person's Signature

SUBSCRIBED and SWORN to before me this 7 day of

January, 2019.

Arla M. Vivona
 NOTARY PUBLIC, Residing in

Salt Lake, UT
 County State



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. **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.



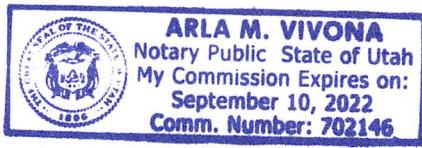

 Covered Person's Signature

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


 NOTARY PUBLIC, Residing in

Salt Lake UT
 County State

[SEAL]



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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
 #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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- 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.

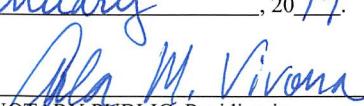
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1. There are SLCo Colleagues that attend the UAA conference which I help organize. 2. Aging & Adult Services has worked with Art Access programing. 3. Within SSL Columbus Center, the county has a senior center. 4. Aging & Adult Services has a MOW route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



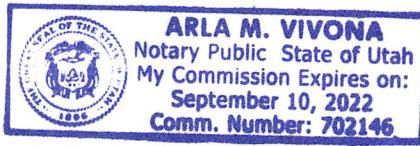

 Covered Person's Signature

SUBSCRIBED and SWORN to before me this 04 day of January, 20 19.


 NOTARY PUBLIC, Residing in

Salt Lake UT
 County State

[SEAL]



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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.

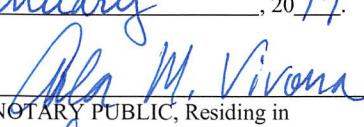
D. Give a detailed description of the actual or potential conflicts of interest identified above, i.e., the nature of the relationship of each business entity or person with the County. Use more sheets if necessary. (This disclosure statement will not be accepted as valid unless this section is completed.)

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.



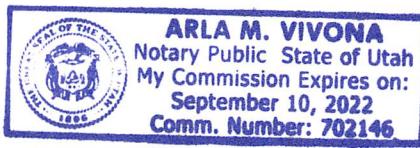

Covered Person's Signature

SUBSCRIBED and SWORN to before me this 04 day of January, 20 19.


NOTARY PUBLIC, Residing in

Salt Lake UT
County 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 refiled 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
#1 Utah Aging Alliance; #2 Art Access, #3 South Salt Lake, #4 University of Utah

B. 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.

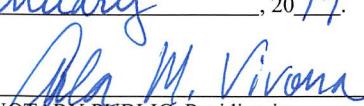
D. Give a detailed description of the actual or potential conflicts of interest identified above, i.e., the nature of the relationship of each business entity or person with the County. Use more sheets if necessary. (This disclosure statement will not be accepted as valid unless this section is completed.)

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.



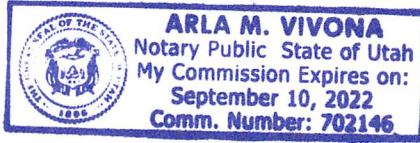

 Covered Person's Signature

SUBSCRIBED and SWORN to before me this 04 day of January, 20 19.


 NOTARY PUBLIC, Residing in

Salt Lake UT
 County 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 refiled 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.



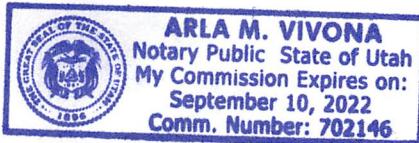
SUBSCRIBED and SWORN to before me this 19 day of January, 20 19.

Arla M. Vivona
Covered Person's Signature

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 refiled 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
6362 Crystal River Drive, Murray, Utah 84123

County/Volunteer's Phone

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.

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.

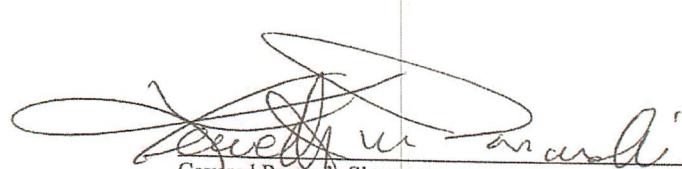
I am an officer, director, agent, employee or owner of a substantial interest in a business entity that does or anticipates doing business with Salt Lake County.

I hold an investment or other financial interest that creates a potential or actual conflict with my public duties.

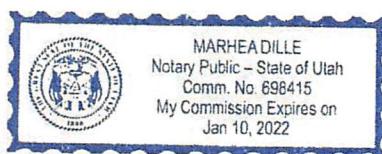
I hold a personal interest that creates a potential or actual conflict with my public duties.

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 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.


Covered Person's Signature

SUBSCRIBED and SWORN to before me this 4 day of Jan, 20 19




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 refiled 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. 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.



SUBSCRIBED and SWORN to before me this 22 day of

January, 20 19.


Pauline McBride

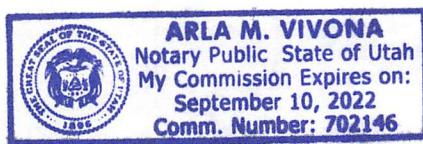
Digitally signed by Pauline McBride
Date: 2019.01.17 08:57:56 -07'00'

Covered Person's Signature


NOTARY PUBLIC, Residing in

Salt Lake UT
County 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 refiled 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

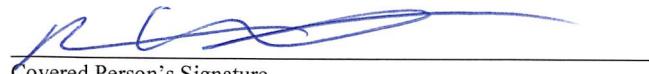
C. Select the category that applies to yourself and the outside institution, entity, business or person identified in subsection (B) above:

- 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.




Covered Person's Signature

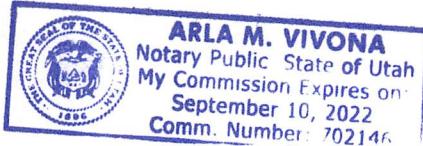
17 January, 2019

NOTARY PUBLIC, Residing in

Salt Lake
County

UT
State

[SEAL]



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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. **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

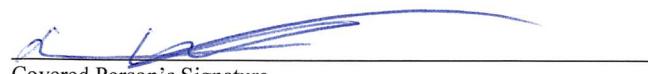
C. Select the category that applies to yourself and the outside institution, entity, business or person identified in subsection (B) above:

- 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.



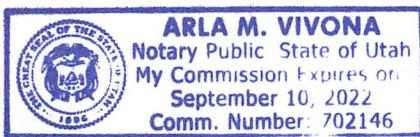

 Covered Person's Signature

SUBSCRIBED and SWORN to before me this 17 day of

January, 2019.


 ARLA M. VIVONA
 Notary Public, State of Utah
 My Commission Expires on
 September 10, 2022
 Comm. Number: 702146
 County: Salt Lake
 State: UT

[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 refiled every January, as long as the potential conflict exists.

DISCLOSURE OF PERSONAL OR FINANCIAL INTEREST

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

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

A. Rachel Stockard 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 SUITE

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

110 E 300 S. SLC UT 801-530-4034

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 serve as a SSW on the social work licensing board.
 I represent SSW opinions and support their ethics in the community.

I also am a SSW employee at salt lake county.



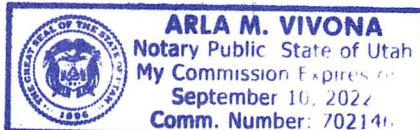
Rachel Stockard
 Covered Person's Signature

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

Arla M. Vivona
 NOTARY PUBLIC, Residing in

Salt Lake Utah
 County 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 refiled 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. 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.

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.

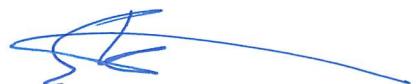
D. Give a detailed description of the actual or potential conflicts of interest identified above, i.e., the nature of the relationship of each business entity or person with the County. Use more sheets if necessary. (This disclosure statement will not be accepted as valid unless this section is completed.)

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.



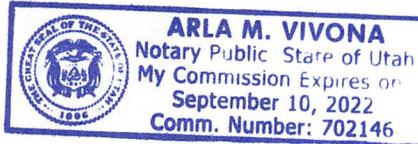
SUBSCRIBED and SWORN to before me this 24 day of January, 2019.


Shauna Brock

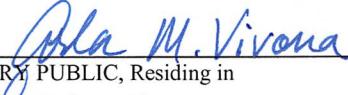
1/24/19

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

Covered Person's Signature



[SEAL]


NOTARY PUBLIC, Residing in
County: Salt Lake State: UT

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 refiled 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.)

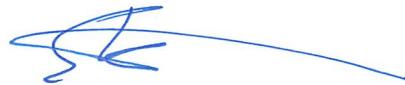
A.	Shauna Brock	Aging & Adult Services	8016333920
	Covered Person	Position, or County Division for which you are employed or volunteering	County/Volunteer's Phone
	230 S 500 W #16/SLC/UT/84101		
	Covered Person's County Address/Volunteer's Address		
B.	The Utah Pride Center/League of Utah Writers		
	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:		
	<input type="checkbox"/> I receive or have agreed to receive compensation for assisting a person or business entity in a transaction involving Salt Lake County. <input type="checkbox"/> 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. <input type="checkbox"/> 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. <input type="checkbox"/> I hold an investment or other financial interest that creates a potential or actual conflict with my public duties. <input checked="" type="checkbox"/> 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.

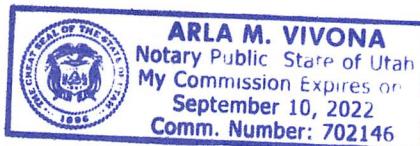


SUBSCRIBED and SWORN to before me this 24 day of January, 20 19.


Shauna Brock

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

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 refiled 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.

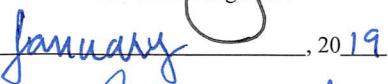
D. Give a detailed description of the actual or potential conflicts of interest identified above, i.e., the nature of the relationship of each business entity or person with the County. Use more sheets if necessary. (This disclosure statement will not be accepted as valid unless this section is completed.)

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.

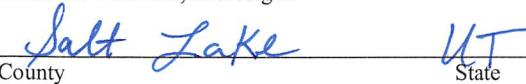


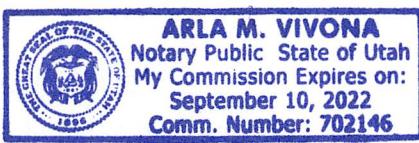
SUBSCRIBED and SWORN to before me this 07 day of


 Covered Person's Signature


 January, 2019.

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 refiled every January, as long as the potential conflict exists.

AD

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.)

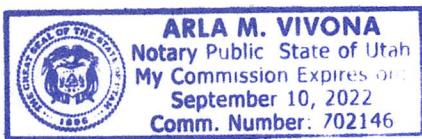
As a volunteer, I have been part of the Board of Governors for Community Health Centers, Inc. (CHC), since 2010. In 2017 I was elected Treasurer of the Board. CHC is a FQHC with 7 clinics in Utah serving both insured and uninsured patients, regardless of their ability to pay. Additionally, CHC's new 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.

Arla M. Vivona
NOTARY PUBLIC, Residing in
Salt Lake UT
County 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 refiled 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. NADA Jill Roberts aging Services *28P-468-3015*
 Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone
1300 W 300 N SLC 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

Musican
 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:

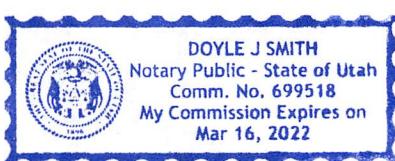
- I receive or have agreed to receive compensation for assisting a person or business entity in a transaction involving Salt Lake County.
- I am an officer, director, agent, employee or the owner of a substantial interest in a business entity that is subject to the regulation of Salt Lake County.
- I 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 some times play
for the Senior Centers. I am a
member of the old time Fiddlers
Its a voluntary service.

Nada Jill Roberts
 Covered Person's Signature

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



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 refiled every January, as long as the potential conflict exists.