

DISCLOSURE OF PERSONAL OR FINANCIAL INTEREST

(Use one form for each outside business entity or person you are associated with for which disclosure is required in the above section.)

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

A. Vicky Westmoreland QA Coordinator 385.468.4722
 Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone
2001 South State Street 57-300 P.O. Box 144575 SLC, UT 84190-2250
 Covered Person's County Address/Volunteer's Address

B. Center for Resiliency and Recovery (CRR)
 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
Private Business
 Covered person's status, relationship or commitment to the institution, entity, business or person named above
1345 East 3900 South Suite 102D SLC, UT 84124 801.542.0933
 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.)

CRR is my private practice (therapy) where I provide ~~group~~ individual & family therapy to individuals, some individuals receive funding through Medicaid which can be managed by Optum for behavioral health benefits.

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

Signed on the 13 day of 01, 2020
Date Month Year

at SL County
City or other location, and state or county

Vicky Westmoreland
Printed Name

[Signature]
Signature

[Signature]

This statement is a public document. It must be filed with the covered person's immediate supervisor, volunteer or community liaison, division director, department director or elected official, and the County Council. It must be filed when the potential conflict arises and re-filed every January, as long as the potential conflict exists.

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A. Vicky Westmoreland GA Coordinator 385.468.4722
Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone
2001 South State Street SL-300 PO. Bx 144575 SLC UT 84190 2250
Covered Person's County Address/Volunteer's Address

B. University of Utah
Outside institution, entity, private business or person in which the Covered Person has a personal or business interest for which disclosure is required in the above section
Faculty
Covered person's status, relationship or commitment to the institution, entity, business or person named above
395 South 1500 East SLC UT 84112
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 am not aware of any current conflicts of interest in the work I perform at the U of U but in case something came about in the future I wanted to disclose that I am an adjunct faculty member & help w/ curriculum design in the SUOC program.

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

Signed on the 13 day of 01, 2020
Date Month Year

at SL county
City or other location, and state or county

Vicky Westmoreland
Printed Name

[Signature]
Signature

[Signature]

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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. William Seth Teague Program Manager Behavioral Health 385-468-4733
Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone

200 S State St Suite 52-300 SLC UT 84104
Covered Person's County Address/Volunteer's Address

B. Steps Recovery Centers - Tyler Hansen
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

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

Vineyard Utah
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.
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Tyler donated to my Syracuse Utah city council campaign through my online campaign donation page (facebook) for the amount of \$1000. Tyler owns sober living facilities and I oversee the sober living program. He had a contract with SLC prior to the donation, but was a personal friend well before joining the company and before the contract. All contract decisions are made as a team here and then reviewed by the division's executive team.

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

Signed on the 14 day of January, 2020.
Date Month Year

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

William Seth Teague
Printed Name

[Signature]
Signature

[Signature]

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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. BRAD HAMMEL BEHAVIORAL HEALTH # 385-468-4710
Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone

SALT LAKE COUNTY GOVERNMENT CENTER 2001 SOUTH STATE ST.
Covered Person's County Address/Volunteer's Address

B. BLOMQUISTHALE EMPLOYEE ASSISTANCE # 202
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

I WORK PART PROVIDING COUNSELING
Covered person's status, relationship or commitment to the institution, entity, business or person named above

860 EAST 4500 S. SLC UT. 84107
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.)

BLOMQUISTHALE IS A PRIVATELY OWNED EMPLOYEE ASSISTANCE PROGRAM, I GUESS IT IS POSSIBLE THAT BLOMQUISTHALE COULD APPLY THROUGH A RFP TO BECOME SALT LAKE COUNTY EAP PROVIDOR, BUT I WOULD HAVE NO INFLUENCE IN THAT PROCESS

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

Signed on the 24 day of 1, 2020
Date Month Year

at SLC UTAH
City or other location, and state or county

BRAD HAMMEL
Printed Name

[Signature]
Signature

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(Use one form for each outside business entity or person you are associated with for which disclosure is required in the above section.)

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

A. Anna Cervantes, SLCO Behavioral Health Services
Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone
2001 S Salt Lake, Utah 84115
Covered Person's County Address/Volunteer's Address

B. Utah State Prison - Dept of Corrections
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
Employed Chaplain
Covered person's status, relationship or commitment to the institution, entity, business or person named above
Draper, Utah
Address and phone number of the institution, entity, business or person named above

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Clients w/ SLCO BHS may also be involved or had been involved @ State Prison

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

Signed on the 24 day of Jan, 2020
Date Month Year

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

Anna Cervantes
Printed Name

[Signature]
Signature

[Signature]

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A. Anna Cervantes, SLCO Behavioral Health Services 385 468 4735
Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone
2001 S State St, SL, VT 84115
Covered Person's County Address/Volunteer's Address

B. U of U / BHS - Assessment & Referral Services
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
Employed Group Facilitator
Covered person's status, relationship or commitment to the institution, entity, business or person named above
Salt Lake, VT
Address and phone number of the institution, entity, business or person named above

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Clients @ ARS may potentially be referred to SLCO BHS - Fidelity of HIPPA is maintained on both ends

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

Signed on the 24 day of Jan, 2020
Date Month Year

at Salt Lake, VT 84115
City or other location, and state or county

Anna Cervantes
Printed Name

[Signature]
Signature

[Signature]

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