



Jennifer Wilson
Salt Lake County Mayor

January 22, 2025

Kelly Colopy
Human Services
Department Director

To Whom It May Concern:

**Division of Behavioral
Health Services**

We are submitting the following Conflict of Interest Disclosure Statements for Behavioral Health Services.

Timothy M. Whalen
Director

Administration Office
2001 South State Street
Suite S2-300
PO Box 144575
Salt Lake City, Utah 84114-4575

(385) 468-4707 front desk
(385) 468-4740 fax line

<https://slco.org/behavioral-health/>

- Jean Edens, Utah Health Policy, and Project/ Board Member
- Jodi Galino Delaney, Bloomquist Hale Solutions/ Therapist
- Nancy Kessel, Salt Lake County Aging and Adult Services Meals on Wheels Program/ Volunteer
- Vicky Westmoreland, Center for Resiliency and Recovery/ Owner/Therapist
- Lauren Syphus, University of Utah Hospital/PRN Contractor
- Marjeen Nation, Stampin Up/ Independent Demonstrator
- Marjeen Nation, Girl Scouts of Utah/ Co-Troop Leader
- Seth Teague, Wetzel's Pretzels/ Franchise Co-Owner



Director Timothy Whalen or Designee
Behavioral Health Services

Director Human Services or Designee

Mayor's Office Designee

Tw

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. **Seth Teague Behavioral Health 385-468-4733**
Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone
2001 S State Street SLC UT 84190

Covered Person's County Address/Volunteer's Address

B. **Wetzel's Pretzels**
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

Franchise Co-Owner

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

1632 N 2000 W Clinton, UT 84015

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

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

- ☐ I receive or have agreed to receive compensation for assisting a person or business entity in a transaction involving Salt Lake County.
- ☐ I am an officer, director, agent, employee or the owner of a substantial interest in a business entity that is subject to the regulation of Salt Lake County.
- ☐ I am an officer, director, agent, employee or owner of a substantial interest in a business entity that does or anticipates doing business with Salt Lake County.
- ☐ I hold an investment or other financial interest that creates a potential or actual conflict with my public duties.
- ☐ I hold a personal interest that creates a potential or actual conflict with my public duties.
- ☒ None of the above categories apply.

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

I work with property owners to open housing for seriously mentally ill individuals in the County. We work through contract with Housing Connect (HC), who contracts with the property owners. All financial decisions are made with Housing Connect, my team, fiscal staff, and division leadership at the County. In getting to know one of the property owners we work with, Alex Winder, I discovered he owns a Wetzel's Pretzels franchise in St George and West Valley City. We started talking about opening a franchise in Davis County outside of my work capacity. I disclosed this to my supervisor and our leadership team. They told me it was supported but to check in with Tim Bywater, our attorney to make sure it was reviewed. I did all of this, and Tim B clarified it wasn't in competition with what we were doing and unrelated to any contracts with the county from a service delivery or any other perspective. All financial decisions that relate to the project that I worked on with Alex at the County were done through his business partner, and include several members of our team, and HC. I have no decision-making without including several other staff in the office, and leadership. All contracts are reviewed by Tim B division leadership. The HC contract is signed by Tim Whalen, Division Director.

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

Signed on the 15 day of January, 2025,
Date Month Year

Salt Lake City, Utah

at _____
City or other location, and state or county

Seth Teague

Printed Name

Seth Teague

Digitally signed by Seth Teague
Date: 2025.01.16 18:45:25 -07'00'

Signature

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

Tw

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. Marjeen Nation Salt Lake County Division of Behavioral Health Service: 385-468-4723

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

2001 S State Street S2-300, SLC, UT 84114

Covered Person's County Address/Volunteer's Address

B. Girls Scouts 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

Co-troop leader

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

445 E 4500 S, SLC, UT 84107 801-265-8472

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

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

- ☐ I receive or have agreed to receive compensation for assisting a person or business entity in a transaction involving Salt Lake County.
- ☐ I am an officer, director, agent, employee or the owner of a substantial interest in a business entity that is subject to the regulation of Salt Lake County.
- ☐ I am an officer, director, agent, employee or owner of a substantial interest in a business entity that does or anticipates doing business with Salt Lake County.
- ☐ I hold an investment or other financial interest that creates a potential or actual conflict with my public duties.
- ☐ I hold a personal interest that creates a potential or actual conflict with my public duties.
- ☒ None of the above categories apply.

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

No conflicts.

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

Signed on the 22nd day of January, 2025,
Date Month Year

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

Marjeen Nation

Printed Name

Marjeen Nation Digitally signed by Marjeen Nation
Date: 2025.01.22 11:20:02 -07'00'

Signature

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

TW

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. **Marjeen Nation Salt Lake County Division of Behavioral Health Service: 385-468-4723**

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

2001 S State Street S2-300, SLC, UT 84114

Covered Person's County Address/Volunteer's Address

B. **Stampin Up**

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

Independent Demonstrator

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

12907 S 3600 W, Riverton, UT 84065 1-800-STAMP-UP

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

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

- ☐ I receive or have agreed to receive compensation for assisting a person or business entity in a transaction involving Salt Lake County.
- ☐ I am an officer, director, agent, employee or the owner of a substantial interest in a business entity that is subject to the regulation of Salt Lake County.
- ☐ I am an officer, director, agent, employee or owner of a substantial interest in a business entity that does or anticipates doing business with Salt Lake County.
- ☐ I hold an investment or other financial interest that creates a potential or actual conflict with my public duties.
- ☐ I hold a personal interest that creates a potential or actual conflict with my public duties.
- ☒ None of the above categories apply.

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

No conflicts.

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

Signed on the 22nd day of January, 2025
Date Month Year

Salt Lake County

at City or other location, and state or county

Marjeen Nation

Printed Name

Marjeen Nation Digitally signed by Marjeen Nation
Date: 2025.01.22 11:19:32 -07'00'

Signature

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

10

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. **Lauren Syphus** **Quality Assurance Coordinator** **385-468-4715**
Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone
2001 S. State Street, Suite S2-300, Salt Lake City, Utah 84114

Covered Person's County Address/Volunteer's Address

B. **University of Utah 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 Employee - Trauma Team

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

50 Medical Drive North, Salt Lake City, UT 84132

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

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

- ☐ I receive or have agreed to receive compensation for assisting a person or business entity in a transaction involving Salt Lake County.
- ☐ I am an officer, director, agent, employee or the owner of a substantial interest in a business entity that is subject to the regulation of Salt Lake County.
- ☐ I am an officer, director, agent, employee or owner of a substantial interest in a business entity that does or anticipates doing business with Salt Lake County.
- ☐ I hold an investment or other financial interest that creates a potential or actual conflict with my public duties.
- ☐ I hold a personal interest that creates a potential or actual conflict with my public duties.
- ☒ None of the above categories apply.

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

PRN employee on the Medical Trauma Team. No set schedule; work as needed. No conflicts exist.

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

Signed on the 15 day of January, 25
Date Month Year

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

Lauren Syphus

Printed Name

Lauren Syphus Digitally signed by Lauren Syphus
Date: 2025.01.16 10:52:03 -07'00'

Signature

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

Tw

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. 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 S2-300 SLC, UT 84190

Covered Person's County Address/Volunteer's Address

B. Center for Resiliency and Recovery

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

1345 East 3900 South St 102D SLC, UT 84124-1474 ph: 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.
- ☒ None of the above categories apply.

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

I am the owner of the Center for Resiliency and Recovery (CRR) and am a part time therapist in my practice. I provide services for Medicaid funded clients at CRR. Some of these Medicaid funded clients have Optum Medicaid as their behavioral health insurance. Optum contracts with SL County. There are no none conflicts with my QA coordinator duties.

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

Signed on the 8 day of January, 2024
Date Month Year

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

Vicky Westmoreland

Printed Name

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.

TW

DISCLOSURE OF PERSONAL OR FINANCIAL INTEREST

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

A. Nancy Kessel SL County Division of Behavioral Health Services 385-468-4748
Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone
2001 S State St., Salt Lake City, UT 84114-4575

Covered Person's County Address/Volunteer's Address

B. Salt Lake County Division of Aging 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

Volunteer - Meals on Wheels

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

2001 S State St, Salt Lake City, UT 84114-4575 - 385-468-3200

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

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

- ☐ I receive or have agreed to receive compensation for assisting a person or business entity in a transaction involving Salt Lake County.
- ☐ I am an officer, director, agent, employee or the owner of a substantial interest in a business entity that is subject to the regulation of Salt Lake County.
- ☐ I am an officer, director, agent, employee or owner of a substantial interest in a business entity that does or anticipates doing business with Salt Lake County.
- ☐ I hold an investment or other financial interest that creates a potential or actual conflict with my public duties.
- ☐ I hold a personal interest that creates a potential or actual conflict with my public duties.
- ☒ None of the above categories apply.

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

There are no conflicts of interest related to this volunteer position as it simply involves delivery of meals.

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

Signed on the 2nd day of January, 2025
Date Month Year

Salt Lake County, UT

at _____
City or other location, and state or county

Nancy Kessel

Printed Name

Nancy Kessel

Digitally signed by Nancy Kessel
Date: 2025.01.02 16:55:48 -07'00'

Signature

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

Tw

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. **JODI DELANEY QUALITY ASSURANCE AND UTILIZATION MANAGEI 3854684731**

Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone
2001 S STATE ST S2-300 SALT LAKE CITY 84114-4575

Covered Person's County Address/Volunteer's Address

B. **BLOMQUIST HALE SOLUTIONS**

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

EMPLOYEE - THERAPIST

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

310 E 4500 S SUITE 570 SALT LAKE CITY 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.
- ☒ None of the above categories apply.

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

AT THIS CURRENT TIME THERE ARE NO CONFLICTS OF INTEREST. IN MY ROLE AS A THERAPIST, EVEN IF BLOMQUIST HALE SOLUTIONS CONTRACTED WITH SALT LAKE COUNTY IT WOULD NOT RESULT IN A CONFLICT.

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

Signed on the 21 day of January, 2025
Date Month Year

SALT LAKE COUTY UT

at City or other location, and state or county

JODI DELANEY

Printed Name

Jodi Delaney

Digitally signed by Jodi Delaney
Date: 2025.01.21 12:24:36 -07'00'

Signature

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

Tw

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. **Jeannie Edens Associate Director 801-703-8080**
Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone
2001 S State, #S2-300, Salt Lake City, UT 84190
Covered Person's County Address/Volunteer's Address

B. **The Utah Health Policy Project**
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 Trustees
Covered person's status, relationship or commitment to the institution, entity, business or person named above
2369 West Orton Circle, Suite 20, West Valley, 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.
 - ☒ None of the above categories apply.

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

I am a trustee on their Board of Trustees.

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

Signed on the 02 day of January, 2025,
Date Month Year
at Salt Lake City, UT
City or other location, and state or county

Jeannie Edens
Printed Name
Jeannie Edens Digitally signed by Jeannie Edens
Date: 2025.01.02 14:16:08 -07'00'
Signature

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

TW

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. Carl Webster-Castillo Care Manager, Behavioral Health 385-468-4788
Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone

2001 S State St SU UT 84114
Covered Person's County Address/Volunteer's Address

B. None
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

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

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

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

- ☐ I receive or have agreed to receive compensation for assisting a person or business entity in a transaction involving Salt Lake County.
- ☐ I am an officer, director, agent, employee or the owner of a substantial interest in a business entity that is subject to the regulation of Salt Lake County.
- ☐ I am an officer, director, agent, employee or owner of a substantial interest in a business entity that does or anticipates doing business with Salt Lake County.
- ☐ I hold an investment or other financial interest that creates a potential or actual conflict with my public duties.
- ☐ I hold a personal interest that creates a potential or actual conflict with my public duties.
- ☒ None of the above categories apply.

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

not applicable, no other jobs.

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

Signed on the 2 day of 1, 25,
Date Month Year

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

Carl Webster-Castillo
Printed Name

Carl Webster-Castillo
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.