



February 21, 2023

Jennifer Wilson
Salt Lake County Mayor

To Whom It May Concern:

Attached please find the 2023 Conflict of Interest Forms for the Human Services Department staff:

**DEPARTMENT OF
HUMAN SERVICES**

Karen Crompton
Department Director

- Karen Crompton, Utah Community Action Board Member
- Karen Crompton, Envision Utah Board Member
- Karen Crompton, Criminal Justice Center Board Member
- Elizabeth Graham, Intermountain Health Homecare & Hospice Board Member
- Ina Landry, Spouse Works at Utah's Hogle Zoo

Beth Graham
Associate Director

Ina Landry
Digitally signed by Ina Landry
Date: 2023.02.21 21:44:41 -07'00'

Ina Landry
Dept. Assistant

HUMAN SERVICES DIVISIONS

- AGING SERVICES
- BEHAVIORAL HEALTH SERVICES
- CRIMINAL JUSTICE SERVICES
- HEALTH DEPARTMENT
- YOUTH SERVICES
- USU EXTENSION

Karen Crompton
Digitally signed by Karen Crompton
Date: 2023.02.21 21:47:32 -07'00'

Karen Crompton
Dept. Director

Mayor's Office Designee

**SALT LAKE COUNTY
GOVERNMENT CENTER**
2001 South State St., Ste. N3200
Salt Lake City, UT 84190-2000
Phone (385) 468-7060
Fax (385) 468-7072
TTY: 7-1-1

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. Karen Crompton Director Human Services 385-468-7061
Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone
2001 S. State, N3-200 Salt Lake City, UT 84190

Covered Person's County Address/Volunteer's Address

B. Utah Community Action
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

1307 S 900 W, Salt Lake City, UT 84104 801-977-1122

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

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

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

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

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

Signed on the 8th day of February, 2023
Date Month Year

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

Karen Crompton
Printed Name

Karen G. Crompton Digitally signed by Karen G. Crompton
Date: 2023.02.08 13:30:32 -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.

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. Karen Crompton Human Services Director 385-468-7061
Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone
2001 S. State Street, N3-200 Salt Lake City, UT 84190
Covered Person's County Address/Volunteer's Address

B. Envision Utah
Outside institution, entity, private business or person in which the Covered Person has a personal or business interest for which disclosure is required in the above section
Board member
Covered person's status, relationship or commitment to the institution, entity, business or person named above
254 S. 600 East #201, Salt Lake City, UT
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 conflict

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

Signed on the 21 day of February, 2023
Date Month Year

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

Karen Crompton
Printed Name
Karen Crompton Digitally signed by Karen Crompton
Date: 2023.02.21 21:56:04 -07'00'

Signature

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

DISCLOSURE OF PERSONAL OR FINANCIAL INTEREST

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

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

A. Karen Crompton Human Services Director 385-468-7061
Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone
2001 S. State Street, N3-200 Salt Lake City, UT 84190

Covered Person's County Address/Volunteer's Address

B. Children's Justice Center
Outside institution, entity, private business or person in which the Covered Person has a personal or business interest for which disclosure is required in the above section

Board member

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

35 E. 500 South, Salt Lake City, UT 84111

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

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

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

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

No conflict

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

Signed on the 8th day of February, 2023
Date Month Year

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

Karen Crompton
Printed Name

Karen G. Crompton Digitally signed by Karen G. Crompton
Date: 2023.02.08 15:44:49 -07'00'

Signature

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

DISCLOSURE OF PERSONAL OR FINANCIAL INTEREST

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

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

A. Elizabeth Graham Human Services Department Associate Director (385) 468-6702
Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone
2001 South State Street, N3-200, Salt Lake City, UT 84190

Covered Person's County Address/Volunteer's Address

B. Intermountain Health Homecare & Hospice 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

11520 S Redwood Rd South Jordan, UT 84095

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.)

Of the listed categories, I have no conflict of interest. However, potentially a conflict of interest could occur if Intermountain Healthcare & Hospice wanted enter some sort of formal relationship with SLCo Human Services or one of the department divisions. I will inform and recuse myself if necessary.

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

Signed on the 13th day of February, 2023
Date Month Year

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

Elizabeth Graham
Printed Name

Elizabeth Graham Digitally signed by Elizabeth Graham
Date: 2023.02.13 14:50:34 -07'00'

Signature

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

DISCLOSURE OF PERSONAL OR FINANCIAL INTEREST

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

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

A. Ina Landry Administrative Services & Human Services Dept's 385-468-7060
Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone
2001 S. State St, Suite N3-200, Salt Lake City, UT 84190

Covered Person's County Address/Volunteer's Address

B. Jeffrey Landry, Zoological Risk Manager, Utah's Hogle Zoo
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

Jeffrey Landry is my spouse

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

Utah's Hogle Zoo, 2600 Sunnyside Ave S, Salt Lake City, UT 84108

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 known potential conflict.

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

Signed on the 21 day of February, 2023
Date Month Year

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

Ina Landry
Printed Name
Ina Landry Digitally signed by Ina Landry
Date: 2023.02.21 21:55:33 -07'00'

Signature

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