

Jennifer WilsonSalt Lake County Mayor

AGING & ADULT SERVICES

Karen Crompton

Department Director Human Services

Paul Leggett

Division Director

Aging & Adult Services

Attention: Mayor's Administration

2023 Disclosure Statements- Aging & Adult Services

- Afton January- Member of Utahn's Against Aging Hunger
- Cabrini Riddle- Preforms Catholic Communion Services
- Charise Jensen- Member of Liberians United Utah
- Gregory Travis Woods- La Europa Academy, Residential Treatment Center
- Ha Khong- T. | Max & Homegoods Retail Associate
- Janet Frick- Coordinator at Columbus Community Center
- Jeremy Hart- Committee Member of AARP
- Jessica M. Roadman- Adjunct Professor at Wentminster College
- Joseph Nahas- Courier Services at Intermountain Health
- Paul Leggett- Member of USAging
- Rachel Stoddard- Board Member of SSW

Council For Aging & Adult Services

- Ravel Albertson- Board Member
- Rebecca Baker- Board Member
- Traci Lee- Board Member

Paur 6	
Paul Leggett	
Division Director, Aging & Adult Services	
1	
Department Director	Mayor's Office Designee

(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*.)

	Afton January	Grants & Communica	tions Manager	385-468-3189
A.	Covered Person	Position, or County Division for	which you are employed or volunteering	County/Volunteer's Phone
	2001 S State Str	eet, Suite S1-500, SLC	, UT 84114	
		y Address/Volunteer's Address		
В.	Utahns Against H	Hunger		
ь.	Outside institution, entity is required in the above s		nich the Covered Person has a personal or busi	ness interest for which disclosure
	Board of Director	rs, Chair		
	Covered person's status,	relationship or commitment to the	e institution, entity, business or person named	above
	244 500 W Suite	102, Salt Lake City, U	T 84101 (801) 328-2561	
	Address and phone numb	per of the institution, entity, busine	ess or person named above	
C.			e institution, entity, business or person identifi	
	Annual patients		assisting a person or business entity in a transaction	
	Lake County. I am an officer, dire		er of a substantial interest in a business entity f a substantial interest in a business entity that	
	Salt Lake County. I hold an investment I hold a personal in	nt or other financial interest that c nterest that creates a potential or a	reates a potential or actual conflict with my puctual conflict with my public duties.	ıblic 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 be entity or person with the County. Use more sheets if necessary. (<i>This disclosure statement will not be accepted as valid unless this is completed.</i>)		of the relationship of each business accepted as valid unless this section		
	I am a voluntary, unp in Salt Lake County a	paid board member for Utahns and is subject to the county's st	Against Hunger, an advocacy nonprofit or atutes and regulations.	ganization that does business
	19, 21			
т.:		alty under the law of Utah that the	foregoing is true and correct	
10	40	lanuami 2022	, foregoing is true and correct.	
Si	gned on the $\frac{18}{\text{Date}}$ day	$y \text{ of } \frac{\text{January}}{\text{Month}}, \frac{2023}{\text{Year}},$		
	Salt Lake City, UT	Month		
at.	City or other location, ar	ad state or county		
	City of other location, at	nd state of county		
	ton January			
	nted Name	, ∫ Digitally signed by Afton January		
A	fton January	Date: 2023.01.18 10:58:51 -07'00'		

Signature

(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.	Cabrini Riddle	Volunteer Ombudsman	Salt Lake
A.	Covered Person	Position, or County Division for which you are employed or volunteering	County/Volunteer's Phone
	2862 W Marcus	Rd West Valley City UT 84119	
	Covered Person's Count	y Address/Volunteer's Address	
В.	Truwood Taylors	ville and Avolon West	
Ь,	Outside institution, entity is required in the above s	y, private business or person in which the Covered Person has a personal or bus tection	siness interest for which disclosure
	church services		
	Covered person's status,	relationship or commitment to the institution, entity, business or person named	labove
	2011 W 4700 S,	6246 Redwwod Dr., Salt Lake City UT	
	Address and phone number	per of the institution, entity, business or person named above	
σ.	Select the category that	applies to yourself and the outside institution, entity, business or person identi-	fied in subsection (B) above:
		greed to receive compensation for assisting a person or business entity in a trans-	
. • .	Sanitari S	ector, agent, employee or the owner of a substantial interest in a business entity	
	I am an officer, dir. Salt Lake County.	ector, agent, employee or owner of a substantial interest in a business entity that	
	I hold an investme I hold a personal in	nt or other financial interest that creates a potential or actual conflict with my paterest that creates a potential or actual conflict with my public duties.	public duties.
	None of the above	categories apply.	
D.	Give a detailed descript entity or person with the tis completed.)	ion of the actual or potential conflicts of interest identified above, i.e., the nature County. Use more sheets if necessary. (This disclosure statement will not be	e of the relationship of each business accepted as valid unless this section
		mmunion Services during the week.	
		•	
I d	eclare under criminal pen	alty under the law of Utah that the foregoing is true and correct.	
Si	gned on the 23 day	y of Month, 2023, Year,	
	West Valley City, Salt I	_ake County	
at.	City or other location, as		
Ca	abrini Riddle		
Pri	inted Name R	idale	
Si	gnature	A A Maria Caracteristic Control of Caracteristic Caracteristic Control of Caracteristic Caracteri	

(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*.)

Charise Jensen Aging & Adult Services	38-468-3268
Covered Person Position, or County Division for which you are employed or volunteering	County/Volunteer's Phone
2001 S State St. Suite S1600, Salt Lake City UT 84114	
Covered Person's County Address/Volunteer's Address	
Liberians United in Utah	
Outside institution, entity, private business or person in which the Covered Person has a personal or business required in the above section	ness interest for which disclosure
Board Member	
Covered person's status, relationship or commitment to the institution, entity, business or person named	above
145 N Wright Brothers Dr. Salt Lake City, UT 84116	
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 identification.	ed in subsection (B) above:
I receive or have agreed to receive compensation for assisting a person or business entity in a transaction	
I am an officer, director, agent, employee or the owner of a substantial interest in a business entity	Y .
Lake County. I am an officer, director, agent, employee or owner of a substantial interest in a business entity that of	
Salt Lake County. I hold an investment or other financial interest that creates a potential or actual conflict with my pu	blic duties.
I hold a personal interest that creates a potential or actual conflict with my public duties.	
None of the above categories apply.	C(1 1 - (1 1 - 1 C 1 - 1 1
O. Give a detailed description of the actual or potential conflicts of interest identified above, i.e., the nature entity or person with the County. Use more sheets if necessary. (<i>This disclosure statement will not be a is completed.</i>)	of the relationship of each business accepted as valid unless this section
I am a board member for the Liberians United in Utah (LUU). I help write up grants and find recommunity that include children, adults, and the elderly. I currently am the Program Manager Program with Aging & Adult Services. There is a potential conflict with my job and working withey are refugees.	for Older Adult Refugee
declare under criminal penalty under the law of Utah that the foregoing is true and correct.	
Signed on the 10th day of February , 2023 ,	
Date Month , Year,	
Salt Lake City, UT	
City or other location, and state or county	
Charise Jensen	
Printed Name	
Charise J. Jensen Digitally signed by Charise J. Jensen Date: 2023,02,10 15:53:29 -07'00'	

Signature

(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*.)

Gregory Travis V Aging Services- Columbus Senior Center	385-468-3338
Covered Person Position, or County Division for which you are employed or volunteering	County/Volunteer's Phone
2531 S 400 E (Columbus)	
Covered Person's County Address/Volunteer's Address	
La Europa Academy, Residential Treatment Center	
Outside institution, entity, private business or person in which the Covered Person has a personal or business required in the above section	ness interest for which disclosure
PRN Employee	
Covered person's status, relationship or commitment to the institution, entity, business or person named	above
1121 Vine St. Murray, UT. 84121	
Address and phone number of the institution, entity, business or person named above	
Select the category that applies to yourself and the outside institution, entity, business or person identif	ied in subsection (B) above:
I receive or have agreed to receive compensation for assisting a person or business entity in a transa	
I am an officer, director, agent, employee or the owner of a substantial interest in a business entity	
Lake County. I am an officer, director, agent, employee or owner of a substantial interest in a business entity that Salt Lake County.	does or anticipates doing business w
I hold an investment or other financial interest that creates a potential or actual conflict with my put I hold a personal interest that creates a potential or actual conflict with my public duties.	ublic 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 entity or person with the County. Use more sheets if necessary. (<i>This disclosure statement will not be accepted as valid un is completed.</i>)	
There could be a possibility that a one of our participants has a grandchild or becomes a star a resident at the adolescent treatment center. The program that I work for only has 1% of the	ndby guardian could end up as ir residents come from Utah.
declare under criminal penalty under the law of Utah that the foregoing is true and correct.	
igned on the 10 day of February Month, 2023 Year,	
Salt Lake	
City or other location, and state or county	
regory Travis Woods	
rinted Name	
Gregory T. Woods Digitally signed by Gregory T. Woods Date: 2023,02.10 15:05:00 -07'00'	

Signature

(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*.)

, Ha Khong	HR Coordinator, Aging & Adult Services	385-468-3259
Covered Person	Position, or County Division for which you are employed or volunteering	County/Volunteer's Phone
2001 South Stat	e Street, Salt Lake City, UT 84114	
	y Address/Volunteer's Address	
T.J. Maxx & Hon	neGoods	
Outside institution, entity is required in the above s		
Retail Associate	Part time at 4582 Kestrel Range Rd, Riverton, UT 8	34065
Covered person's status,	relationship or commitment to the institution, entity, business or person nar	med above
Retail Associate	Part time	
Address and phone num	ber of the institution, entity, business or person named above	
. Select the category that	t applies to yourself and the outside institution, entity, business or person ide	entified in subsection (B) above:
	greed to receive compensation for assisting a person or business entity in a tra	
	rector, agent, employee or the owner of a substantial interest in a business en	
Lake County.		
I am an officer, dir Salt Lake County.	rector, agent, employee or owner of a substantial interest in a business entity	tnat does or anticipates doing business w
I hold an investme	ent or other financial interest that creates a potential or actual conflict with m	ny public duties.
	nterest 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 entity or person with the County. Use more sheets if necessary. (<i>This disclosure statement will not be accepte is completed.</i>)		ture of the relationship of each business the accepted as valid unless this section
is completed.)		
declare under criminal per	nalty under the law of Utah that the foregoing is true and correct.	
•	y of, 2023	
igned on the Date	Month , Year ,	
Salt Lake City		
City or other location, a	nd state or county	
la Khong	·	
Printed Name		
Ha A Khong	Digitally signed by Ha A Khong Date: 2023.02.10 12:19:15 -07'00'	

Signature

Signature

(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.)

	Janet Frick	Center Program Coor	dinator	385-468-3022
٩	Covered Person		which you are employed or volunteering	County/Volunteer's Phone
	1300 West 300 N	lorth SLC UT 84116		
-	Covered Person's County	Address/Volunteer's Address		
3.	South Salt Lake			
j	is required in the above so	ection	ich the Covered Person has a personal or busi	ness interest for which disclosure
		_	al events throughout the year.	
			institution, entity, business or person named	above
	Columbus Comm	nunity Center:2531 S 4	00 East SSL, UT 84115	
	Address and phone numb	er of the institution, entity, busine	ss or person named above	
Ξ.	Select the category that	applies to yourself and the outside	institution, entity, business or person identification	ed in subsection (B) above:
			ssisting a person or business entity in a transact	
	And an artist of the second of		er of a substantial interest in a business entity	
	Lake County.			
	I am an officer, dire Salt Lake County.	ector, agent, employee or owner of	a substantial interest in a business entity that of	does of anticipates doing business wi
	I hold an investmen	nt or other financial interest that co	eates a potential or actual conflict with my pu	blic duties.
		I hold a personal interest that creates a potential or actual conflict with my public duties.		
	X None of the above			
D. Give a detailed description of the actual or potential conflicts of interest identified above, i.e., the nature of the entity or person with the County. Use more sheets if necessary. (<i>This disclosure statement will not be accep is completed.</i>)		of the relationship of each business accepted as valid unless this section		
	Throughout the year during the event. I ar coordinator.	for South Salt Lake, I develop on compensated by South Salt	community art projects for special events t Lake for materials and professional time a	that the participants create is an artist & event
		14 Janualina lavo of I Italia that the	foregoing is true and correct	
l de		alty under the law of Utah that the	foregoing is true and correct.	
Sig	gned on the $\frac{24}{\text{Date}}$ day	January ,2023 Month ,Year		
	Salt Lake City	Month 1 cm		
at _	City or other location, an	d state or county		
	•	a batte of county		
	net Frick			
	nted Name	Digitally signed by Janet Frick		
Já	anet Frick	Date: 2023.01.24 08:54:52 -07'00'		

(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*.)

Jeremy Hart	Assoc Div Director	x3258
A. Covered Person	Position, or County Division for which you are employed or vo	olunteering County/Volunteer's Phone
2001 S. State S	St SLC, Utah 84114	
	nty Address/Volunteer's Address	
3. AARP of Utah		
Outside institution, en is required in the above	tity, private business or person in which the Covered Person has a pe section	personal or business interest for which disclosure
	nmittee Member	
-	us, relationship or commitment to the institution, entity, business or	person named above
6975 Union Pa	rk Center Suite 320 Midvale Utah 84095	
Address and phone nu	mber of the institution, entity, business or person named above	
C. Select the category the	nat applies to yourself and the outside institution, entity, business or	person identified in subsection (B) above:
	agreed to receive compensation for assisting a person or business en	
* Applications of	director, agent, employee or the owner of a substantial interest in a	
Lake County	director, agent, employee or owner of a substantial interest in a busin	
I am an officer, of Salt Lake Count		ness entity that does of anticipates doing business will
I hold an investr	ment or other financial interest that creates a potential or actual conf	flict with my public duties.
	1 interest that creates a potential or actual conflict with my public d	unes.
	ve categories apply.	
D. Give a detailed description of the actual or potential conflicts of interest identified above, i.e., the nature of the relations entity or person with the County. Use more sheets if necessary. (<i>This disclosure statement will not be accepted as vali is completed.</i>)		, i.e., the nature of the relationship of each business ent will not be accepted as valid unless this section
I don't see any pot	ential conflicts. AARP is a non-profit organization that advoca	ates for older adults. AARP and AAS have a
great working relat	cionship to ensure that older adults are heard and receive nee	eded services.
	penalty under the law of Utah that the foregoing is true and correct.	
Signed on the 17	day of January , 2023	
Date	Month Year	
Salt Lake County Ag	ging and Adults Services	
City or other location,	and state or county	
Jeremy Hart		
Printed Name		
Jeremy Hart	Digitally signed by Jeremy Hart Date: 2023.01.17 17:19:23 -07'00'	

Signature

(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*.)

385-256-4911		
County/Volunteer's Phone		
siness interest for which disclosure		
d above		
fied in subsection (B) above:		
action involving Salt Lake County.		
that is subject to the regulation of Sa		
I am an officer, director, agent, employee or owner of a substantial interest in a business entity that does or anticipates doing business wi Salt Lake County.		
public duties.		
e of the relationship of each business accepted as valid unless this section		
ch Research Methods. I do not		

(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,

	Covered Person	Position, or County Division for which you are employed or volunteering	County/Volunteer's Phone
	Covered Person's Co	unty Address/Volunteer's Address	
١.	Outside institution, et is required in the about	ntity, private business or person in which the Covered Person has a personal or busing ve section	ness interest for which disclosure
	Covered person's stat	tus, relationship or commitment to the institution, entity, business or person named a	bove
	Address and phone no	umber of the institution, entity, business or person named above	
٠.	Select the category t	hat applies to yourself and the outside institution, entity, business or person identifie	ed in subsection (B) above:
	— I receive or hav	e agreed to receive compensation for assisting a person or business entity in a transac	tion involving Salt Lake County.
	Lake County.	director, agent, employee or the owner of a substantial interest in a business entity t	
	Salt Lake Coun I hold an invest	director, agent, employee or owner of a substantial interest in a business entity that d ty. ment or other financial interest that creates a potential or actual conflict with my pul al interest that creates a potential or actual conflict with my public duties.	
		ove categories apply.	
).	Give a detailed descri	ription of the actual or potential conflicts of interest identified above, i.e., the nature of the County. Use more sheets if necessary. (<i>This disclosure statement will not be actual or potential conflicts of interest identified above, i.e., the nature of the County.</i>	
d	eclare under criminal p	penalty under the law of Utah that the foregoing is true and correct.	
iį	gned on the Date	day of,,,	
t _	City or other location	, and state or county	
ri	nted Name		
iε	nature		

(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.) Division Director, Salt Lake County Aging & Adult Servi 3854683290 Paul Leggett Covered Person County/Volunteer's Phone Position, or County Division for which you are employed or volunteering 2001 S. State Street, S 1-600, SLC UTAH 84114 Covered Person's County Address/Volunteer's Address **USAging** 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 Memeber** Covered person's status, relationship or commitment to the institution, entity, business or person named above 1100 New Jersey Ave SE Ste 350, Washington, DC 20003. (202) 872-0888 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. 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 for USAging, representing Region 8. USAging is the National Association of Area Agencies on Aging. There is no monetary component to this position. I declare under criminal penalty under the law of Utah that the foregoing is true and correct. $\begin{array}{ccc} \text{Signed on the} & \begin{array}{c} 13 & \\ \hline \text{Date} \end{array} & \text{day of} \\ \hline \begin{array}{c} \text{February} \\ \hline \text{Month} \end{array} \end{array}$ Salt Lake City City or other location, and state or county Paul Leggett Printed Name

Signature

Paul Leggett

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.

Digitally signed by Paul Leggett

Date: 2023.02.13 13:50:20 -07'00'

(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*.)

Rachel Stoddard case manager	385-468-3274
Covered Person Position, or County Division for which you are employed or volunteering	County/Volunteer's Phone
2001 s state street S1600	
Covered Person's County Address/Volunteer's Address	
DOPL	
Outside institution, entity, private business or person in which the Covered Person has a personal or business required in the above section	usiness interest for which disclosure
SSW Board member	
Covered person's status, relationship or commitment to the institution, entity, business or person name	ed above
160 E 300 S 84114	
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 ident	tified in subsection (B) above:
I receive or have agreed to receive compensation for assisting a person or business entity in a tran	
I am an officer, director, agent, employee or the owner of a substantial interest in a business entire	
Lake County.	
I am an officer, director, agent, employee or owner of a substantial interest in a business entity the Salt Lake County.	at does or anticipates doing business w
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.	
 Give a detailed description of the actual or potential conflicts of interest identified above, i.e., the natu entity or person with the County. Use more sheets if necessary. (This disclosure statement will not b is completed.) 	re of the relationship of each business e accepted as valid unless this section
I work with DOPL to protect the public interest and help follow through with disciplinary action	ons on any social work license.
SLCO employees Social workers that are licensed under DOPL.	
declare under criminal penalty under the law of Utah that the foregoing is true and correct.	
Signed on the day of, 2023	
Date Month 'Year'	
SLCO Utah	
City or other location, and state or county	
Rachel Stoddard	
Printed Name	
Rachel Stoddard Digitally signed by Rachel Stoddard Date: 2023.02.14 08:54:11 -07'00'	

Signature

(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.)

385 831 7124

Raven Albertson Salt Lake County	385.831.7124
Covered Person Position, or County Division for which you are empl	oyed or volunteering County/Volunteer's Phone
12894 S, Pony Express Rd Suite 300, Draper, UT 840	020
Covered Person's County Address/Volunteer's Address	
B. Alzheimer's Association, Utah Chapter	
Outside institution, entity, private business or person in which the Covered Person is required in the above section	son has a personal or business interest for which disclosure
Program Director	
Covered person's status, relationship or commitment to the institution, entity, b	usiness or person named above
12894 S, Pony Express Rd Suite 300, Draper, UT 840	020
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, b	ousiness or person identified in subsection (B) above:
I receive or have agreed to receive compensation for assisting a person or	
I am an officer, director, agent, employee or the owner of a substantial int	
Lake County. I am an officer, director, agent, employee or owner of a substantial interes Salt Lake County.	t in a business entity that does or anticipates doing business wit
I hold an investment or other financial interest that creates a potential or a I hold a personal interest that creates a potential or actual conflict with my	
None of the above categories apply.	
D. Give a detailed description of the actual or potential conflicts of interest identifientity or person with the County. Use more sheets if necessary. (<i>This disclosus is completed.</i>)	ied above, i.e., the nature of the relationship of each business are statement will not be accepted as valid unless this section
	1
I declare under criminal penalty under the law of Utah that the foregoing is true and	l correct.
Signed on the Date day of Month, 2023, Year,	
Draper, UT	
City or other location, and state or county	
Raven Albertson	
Printed Name	
P & that Var	
Signature	

Signature

(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.)

801-828-0614

٨	Rebecca Baker	Advisory Board Mem	ber / Aging & Adult Services	801-828-0614	
٦.	Covered Person	Position, or County Division fo	r which you are employed or volunteering	County/Volunteer's Phone	
	592 Marshwood Lane Unit F, Murray, Utah, 84107				
	Covered Person's County Address/Volunteer's Address				
3.	N/A				
٠.	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				
Ξ.	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. (<i>This disclosure statement will not be accepted as valid unless this section is completed.</i>)				
	N/A				
		,			
I d	eclare under criminal pena	alty under the law of Utah that th	e foregoing is true and correct.		
Si	gned on the 24 day	of <u>Januarv</u> , <u>2023</u> , Month Year			
	Murray, Utah				
	City or other location, an	d state or county	-		
_					
	ebecca Baker inted Name				
	ebecca Baker	Digitally signed by Rebecca Baker Date: 2023.01.24 15:53:16 -07'00'			

(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.) Traci Lee Position, or County Division for which you are employed or volunteering Covered Person County/Volunteer's Phone Covered Person's County Address/Volunteer's Address Division of Aging and Adult 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 Program Administrator, Adult Protective Services Covered person's status, relationship or commitment to the institution, entity, business or person named above 288 N. 1460 W., SLC, Utah 84116 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 for the agency that provides oversight to the Area Agencies on Aging for funding and program implementation; however, I while I work for that agency, I do not have any direct responsibilities falling under this type of oversight.

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

Signed on the $\frac{18}{\overline{\text{Date}}}$ day of $\frac{\text{January}}{\text{Month}}$, $\frac{2023}{\overline{\text{Year}}}$, at $\frac{}{\text{City or other location, and state or county}}$ Traci Lee

Printed Name

Traci Lee

Signature