



Attention: Mayor's Administration

2023 Disclosure Statements- Aging & Adult Services

- Afton January- Member of Utah's Against Aging Hunger
- Cabrini Riddle- Performs Catholic Communion Services
- Charise Jensen- Member of Liberians United Utah
- Gregory Travis Woods- La Europa Academy, Residential Treatment Center
- Ha Khong- T.J 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

A handwritten signature in black ink that reads 'Paul Leggett'.

Paul Leggett
Division Director, Aging & Adult Services

Department Director

Mayor's Office Designee

DISCLOSURE OF PERSONAL OR FINANCIAL INTEREST

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

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

A. Afton January Grants & Communications Manager 385-468-3189
Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone
2001 S State Street, Suite S1-500, SLC, UT 84114
Covered Person's County Address/Volunteer's Address

B. Utahns Against Hunger
Outside institution, entity, private business or person in which the Covered Person has a personal or business interest for which disclosure is required in the above section
Board of Directors, Chair
Covered person's status, relationship or commitment to the institution, entity, business or person named above
244 500 W Suite 102, Salt Lake City, UT 84101 (801) 328-2561
Address and phone number of the institution, entity, business or person named above

- C. Select the category that applies to yourself and the outside institution, entity, business or person identified in subsection (B) above:
- I receive or have agreed to receive compensation for assisting a person or business entity in a transaction involving Salt Lake County.
 - I am an officer, director, agent, employee or the owner of a substantial interest in a business entity that is subject to the regulation of Salt Lake County.
 - I am an officer, director, agent, employee or owner of a substantial interest in a business entity that does or anticipates doing business with Salt Lake County.
 - I hold an investment or other financial interest that creates a potential or actual conflict with my public duties.
 - I hold a personal interest that creates a potential or actual conflict with my public duties.
 - 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 voluntary, unpaid board member for Utahns Against Hunger, an advocacy nonprofit organization that does business in Salt Lake County and is subject to the county's statutes and regulations.

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

Signed on the 18 day of January, 2023
Date Month Year
at Salt Lake City, UT
City or other location, and state or county

Afton January
Printed Name
Afton January Digitally signed by Afton January
Date: 2023.01.18 10:58:51 -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. Cabrini Riddle Volunteer Ombudsman Salt Lake
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 County Address/Volunteer's Address

B. Truwood Taylorsville and Avolon West
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

church services

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

2011 W 4700 S, 6246 Redwood Dr., 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.)

I provide Catholic Communion Services during the week.

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

Signed on the 23 day of January, 2023
Date Month Year

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

Cabrini Riddle
Printed Name
Cabrini Riddle
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. 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

B. Liberians United in 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

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 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 board member for the Liberians United in Utah (LUU). I help write up grants and find resources for the Liberian community that include children, adults, and the elderly. I currently am the Program Manager for Older Adult Refugee Program with Aging & Adult Services. There is a potential conflict with my job and working with any elderly Liberians as they are refugees.

I 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
at _____
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

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. 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

B. La Europa Academy, Residential Treatment 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

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

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 could be a possibility that a one of our participants has a grandchild or becomes a standby guardian could end up as a resident at the adolescent treatment center. The program that I work for only has 1% of their residents come from Utah.

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

Signed on the 10 day of February, 2023
Date Month Year

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

Gregory Travis Woods
Printed Name

Gregory T. Woods Digitally signed by Gregory T. Woods
Date: 2023.02.10 15:05:00 -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. 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 State Street, Salt Lake City, UT 84114

Covered Person's County Address/Volunteer's Address

B. T.J. Maxx & HomeGoods
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

Retail Associate Part time at 4582 Kestrel Range Rd, Riverton, UT 84065

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

Retail Associate Part time

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 10 day of February, 2023
Date Month Year

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

Ha Khong
Printed Name

Ha A Khong  Digitally signed by Ha A Khong
Date: 2023.02.10 12:19:15 -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. Janet Frick Center Program Coordinator 385-468-3022
Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone
1300 West 300 North SLC UT 84116

Covered Person's County Address/Volunteer's Address

B. South Salt Lake
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 create community art projects for special events throughout the year.

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

Columbus Community Center:2531 S 400 East SSL, UT 84115

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.)

Throughout the year for South Salt Lake, I develop community art projects for special events that the participants create during the event. I am compensated by South Salt Lake for materials and professional time as an artist & event coordinator.

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

Signed on the 24 day of January, 2023
Date Month Year

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

Janet Frick
Printed Name

Janet Frick Digitally signed by Janet Frick
Date: 2023.01.24 08:54:52 -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. Jeremy Hart Assoc Div Director x3258
Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone
2001 S. State St SLC, Utah 84114
Covered Person's County Address/Volunteer's Address

B. AARP 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
Executive Committee Member
Covered person's status, relationship or commitment to the institution, entity, business or person named above
6975 Union Park Center Suite 320 Midvale Utah 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.)

I don't see any potential conflicts. AARP is a non-profit organization that advocates for older adults. AARP and AAS have a great working relationship to ensure that older adults are heard and receive needed services.

I declare under criminal 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 Aging and Adults Services
at _____
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

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. Jessica Roadman Ombudsman 385-256-4911
Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone
2001 S State St. S1-600 Salt Lake City, UT 84190

Covered Person's County Address/Volunteer's Address

B. Westminster College
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

Adjunct Professor

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

1840 S 1300 East Salt Lake City, UT 84105

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.)

Currently teach in the Masters of Organizational and Community Leadership Program. I teach Research Methods. I do not believe there is a conflict of interest.

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 City, UT
at _____
City or other location, and state or county

Jessica Roadman
Printed Name

Jessica M. Roadman Digitally signed by Jessica M. Roadman
Date: 2023.02.21 10:43:14 -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. _____
Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer’s Phone

Covered Person’s County Address/Volunteer’s Address

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

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

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

- C. Select the category that applies to yourself and the outside institution, entity, business or person identified in subsection (B) above:
- I receive or have agreed to receive compensation for assisting a person or business entity in a transaction involving Salt Lake County.
 - I am an officer, director, agent, employee or the owner of a substantial interest in a business entity that is subject to the regulation of Salt Lake County.
 - I am an officer, director, agent, employee or owner of a substantial interest in a business entity that does or anticipates doing business with Salt Lake County.
 - I hold an investment or other financial interest that creates a potential or actual conflict with my public duties.
 - I hold a personal interest that creates a potential or actual conflict with my public duties.
 - 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 _____ day of _____, _____,
Date Month Year

at _____
City or other location, and state or county

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.

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. Paul Leggett Division Director, Salt Lake County Aging & Adult Servi 3854683290
Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone
2001 S. State Street, S 1-600, SLC UTAH 84114
Covered Person's County Address/Volunteer's Address

B. USAgging
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.

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

I am a board member for USAgging, representing Region 8. USAgging 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.

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

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

Paul Leggett
Printed Name
Paul Leggett Digitally signed by Paul Leggett
Date: 2023.02.13 13:50:20 -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.

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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. 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

B. DOPL
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

SSW Board member

Covered person's status, relationship or commitment to the institution, entity, business or person named 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 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 DOPL to protect the public interest and help follow through with disciplinary actions on any social work license. SLCO employees Social workers that are licensed under DOPL.

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

Signed on the 14 day of February, 2023
Date Month Year

SLCO Utah
at _____
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

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. Raven Albertson Salt Lake County 385.831.7124
Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone
12894 S, Pony Express Rd Suite 300, Draper, UT 84020

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 has a personal or business interest for which disclosure is required in the above section

Program Director

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

12894 S, Pony Express Rd Suite 300, Draper, UT 84020

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 23 day of January, 2023
Date Month Year

Draper, UT
at _____
City or other location, and state or county

Raven Albertson
Printed Name

[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.

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. Rebecca Baker Advisory Board Member / Aging & Adult Services 801-828-0614
Covered Person Position, or County Division for 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

B. N/A
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.)

N/A

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

Signed on the 24 day of January, 2023,
Date Month Year

at Murray, Utah
City or other location, and state or county

Rebecca Baker
Printed Name

Rebecca Baker Digitally signed by Rebecca Baker
Signature Date: 2023.01.24 15:53:16 -07'00'

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. **Traci Lee**

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

Covered Person's County Address/Volunteer's Address

B. **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 18 day of January, 2023
Date Month Year

at _____
City or other location, and state or county

Traci Lee
Printed Name

Traci Lee
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.