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

Charles Ray Barrett Salt Lake County Behavioral Health 385-468-4726 Covered Person Position, or County Division for which you are employed or volunteering CountyNolunteer's Phone 2001 South State Ste 2300 Covered Person's County AddressNolunteer's Address Salt Lake City. UT 84190 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 Lifeline Behavioral Health LLC Covered person's status, relationship or commitment to the institution, entity, business or person named above 1130 W. Center St. North Salt Lake, UT 84054 855-968-8443 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:
 - D I receive or have agreed to receive compensation for assisting a person or business entity in a transaction involving Salt Lake County.
 - O 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.
 - By one 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.)

Lifeline does not do any business with Salt Lake County.

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

 $\begin{array}{ccc} \text{Signed on the 01} & & \text{day of} \underbrace{\text{February}}_{\text{Month}} & \underbrace{\text{,2QZQ}}_{\text{Year}}, \end{array}$

at 2001 S State St Ste 2300; Salt Lake City Ut 84190

City or other location, and state or county

Ray Barrett
Printed Name

Ray Barrett

D1g1tally signed by Ray Barrett Date:2021.01.25115424-07'00'

d by Ray Barrett
1.25115424-07'00'

1/YJ/J

1/YJ/J /-).1 2./

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 refiled every January, as long as the potential conflict exists.

(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.)

	nder the provisions of the County Officers and Employees Disclosure Act, §§ 17-16a-1 et seq., U.C.A., inder penalties of perjury, make the following statement regarding my personal or business interest. (Type	
	brad hammel Quality Assurance	385-468-2072
Α.	Covered Person Position, or County Division for which you are employed or volunteering	County/Volunteer's Phone
	803 South 500 East sic, utah 84102	
	Covered Person's County Address/Volunteer's Address	
В.	Blomquist Hale Employee assistance	
	Outside institution, entity, private business or person in which the Covered Person has a personal or be is required in the above section	usiness interest for which disclosure
	Blomquist hale	
	Covered person's status, relationship or commitment to the institution, entity, business or person name	ad above
	employee	
	Address and phone number of the institution, entity, business or person named above	
С	Select the category that applies to yourself and the outside institution, entity, business or person identifications.	
	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 entity.	y 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	at does or anticipates doing business wi
	Results I hold an investment or other financial interest that creates a potential or actual conflict with my	nublic duties
	I hold a personal interest that creates a potential or actual conflict with my public duties.	public dudes.
	None of the above categories apply.	
D.	Give a detailed description of the actual or potential conflicts of interest identified above, i.e., the naturentity or person with the County. Use more sheets if necessary. (<i>This disclosure statement will not be is completed.</i>)	
	1don't think there is any conflicts with this job the company does not do any business with the	he County
IА	leclare under criminal penalty under the law of Utah that the foregoing is true and correct.	
Sig	gned on the 22 day of <u>January</u> , 202L, Month, Year	
at _	City or other location, and state or county	
bra	ad hammel	
Pri	inted Name	
	mature T= WhC (-	-17-21
Sig	gnature (— Vym 1 -	
Th	is statement is a nublic document. It must be filed with the covered person's immediate supervi	sor volunteer or community ligison

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 eve,:v January, as long as the potential conflict exists.

Printed Name

Signature

Lauren Syphus

(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-l et seq., U.C.A., 1953 as amended, I, the undersigned, under penalties of periury, make the following statement regarding my personal or business interest. (Type or print all information.)

Lauren Syphus Quality Assurance Coordinator, DBHS	385-468-4715
Covered Person Position, or County Division for which you are employed or volunteering	CountyNolunteer's Phone
2001 South State Street S2-300, Salt Lake City, Utah 84114-4575	
Covered Person's County AddressNo\unteer's Address	
University of Utah Hospital	
Outside institution, entity, private business or person in which the Covered Person has a personal or busi is required in the above section	iness interest for which disclosure
PRN Employee - ED Trauma Social Worker	
Covered person's status, relationship or commitment to the institution, entity, business or person named	above
50 North Medical Drive, Salt Lake City, UT 84132	
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 identifi	ied in subsection (B) above:
D I receive or have agreed to receive compensation for assisting a person or business entity in a transaction	ction involving Salt Lake County.
I am an officer, director, agent, employee or the owner of a substantial interest in a business entity Lake County.	that is subject to the regulation of
I am an officer, director, agent, employee or owner of a substantial interest in a business entity that	does or anticipates doing business
Salt Lake County. I hold an investment or other financial interest that creates a potential or actual conflict with my pu	ublic duties
I hold a personal interest that creates a potential or actual conflict with my public duties.	ione dates.
Bistone of the above categories apply.	
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>	
PRN position for University of Utah Hospital doing ED Trauma Crisis Work. Job duties will inc therapy, and case management. There does not appear to be a conflict with Salt Lake County	
clare under criminal penalty under the law of Utah that the foregoing is true and correct.	
ned on the 13 day of January , 2021, "'D a te Month Year"	
City or other location, and state or county	
iren Svohus	

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 Lauren Syphus Date: 2021.01.1317:58:08--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-l 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 infonnation.)

Anna A	a Cervante� Behavioral Health Servi	291	486 /168 /13 /h
0			385-468-4375
		nich you are employed or volunteering	CountyNolunteer's Phone
_	3 S Birkhill Blvd, Murray Utah 84107		
	ed Person's County AddressNolunteer's Address		
8. – – –	versity of Utah UNI-BHS Assessment a		
is requ	le institution, entity, private business or person in which tired in the above section	the Covered Person has a personal or busi	ness interest for which disclosure
_	s is Group Facilitator		
	ed person's status, relationship or commitment to the in East 900 South ARS	stitution, entity, business or person named	above
Addre	ss and phone number of the institution, entity, business	or person named above	
C. Selec	t the category that applies to yourself and the outside in	stitution, entity, business or person identifi	ed in subsection (8) above:
0	receive or have agreed to receive compensation for assi	sting a person or business entity in a transaction	ction involving Salt Lake County.
	am an officer, director, agent, employee or the owner of	of a substantial interest in a business entity	that is subject to the regulation of Sa
\mathbf{D}_1	Cake County. am an officer, director, agent, employee or owner of a s Salt Lake County.	substantial interest in a business entity that	does or anticipates doing business wi
B]	hold an investment or other financial interest that creat hold a personal interest that creates a potential or actual		ablic duties.
[8]	None of the above categories apply.		
entity	a detailed description of the actual or potential conflicts or person with the County. Use more sheets ifnecessanpleted.)		
Indiv Priso	uals that may utilize ARS services may have had n.	interaciton with Chaplain role while end	carcertaed at Utah State
declare i	nder criminal penalty under the law of Utah that the for	regaing is true and correct	
		egong b the tak correct	
Signed an	the 1 2 day of <u>January Ci</u>], <u>2021</u> , Month Year		
t Salt Lal			
City or	other location, and state or county		
Anna Cer	vantes		
rinte			
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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.

DISCLOSURE OF PERSONAL OR FINANCIAL INT

(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-l et seq., U.C.A., 1953 as amended, I, the undersigned,

under pe	nalties of perjury, make the following statement regarding my personal or business interest. (Type	e or print all information.)
Anr	a Cervante® Behavioral Health Services	385-468-4375
A Cove	Position, or County Division for which you are employed or volunteering	CountyNolunteer's Phone
423	3 S Birkhill Blvd, Murray Utah 84107	
Cove	red Person's County AddressNolunteer's Address	
₈ Uta	h State Prison- State of Utah	
Outs	de institution, entity, private business or person in which the Covered Person has a personal or busined in the above section	usiness interest for which disclosure
Rol	e is Utah State Chaplain	
Cove	red person's status, relationship or commitment to the institution, entity, business or person name	ed above
Uta	h State Prison- Draper, Utah	
Addı	ess and phone number of the institution, entity, business or person named above	
	ct the category that applies to yourself and the outside institution, entity, business or person ident	
D	I receive or have agreed to receive compensation for assisting a person or business entity in a tran	
D D	I am an officer, director, agent, employee or the owner of a substantial interest in a business entit Lake County. I am an officer, director, agent, employee or owner of a substantial interest in a business entity the Salt Lake County.	
B	Salt Lake County. I hold an investment or other financial interest that creates a potential or actual conflict with my I hold a personal interest that creates a potential or actual conflict with my public duties.	public duties.
lg]	None of the above categories apply.	
enti	e a detailed description of the actual or potential conflicts of interest identified above, i.e., the natury or person with the County. Use more sheets if necessary. (<i>This disclosure statement will not be mpleted.</i>)	
Cor utli	flict can arise with individuals who have had prevoius interactions with State Chaplain wed PATR (Parole Access to Recovery) Services while on parole status.	while incarcerated and may
I declare	under criminal penalty under the law of Utah that the foregoing is true and correct.	*
Signed o	n the 12, day of <u>January [JJ, 2021_</u> , Date <u>Month</u> Year	
_{at} Salt L	ake Utah	
	r other location, and state or county	
Anna Co	rvantes	
Printed	1- While 1-	-27-21
Signature	1-1/90me~ 1	

This statement is a public document It must be filed with the covered person's immediate supervisor, volunteer or community liaison, division direc/or, 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.

(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-l 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 infonnation.)

70	Vicky Westmoreland QA Coordinator	385.468.4722
Α.	Covered Person Position, or County Division for which you are employed or volunteering	CountyNolunteer's Phone
	2001 South State St S2-300 SLC, UT 84190	
	Covered Person's County AddressNolunteer's Address	
В.	University of Utah	
	Outside institution, entity, private business or person in which the Covered Person has a personal or busines is required in the above section	ess interest for which disclosure
	Adjunct Faculty	
	Covered person's status, relationship or commitment to the institution, entity, business or person named ab	oove
	395 South 1500 East SLC, UT. 84112-0260	
	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	
	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 the Lake County.	at is subject to the regulation of Sa
	D I am an officer, director, agent, employee or owner of a substantial interest in a business entity that do Sall Lake County.	
	B I hold an investment or other financial interest that creates a potential or actual conflict with my public library and a personal interest that creates a potential or actual conflict with my public duties.	ic duties.
	18] 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 entity or person with the County. Use more sheets if necessary. (This disclosure statement will not be accessed in completed.)	
	I am an adjunct faculty at the University of Utah in the Social Work Department. I teach usuall there are no known conflicts of interest in my roles as an adjunct instructor and the QA coordinates.	

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

Signed on the "15_ day of January , 2021 , Month Year

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

Vicky Westmoreland

Printed Name

VI.cky Westmoreland Digitally signed by Westmoreland Dala: 2021.01.15 10:47:34 -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 refiled every January, as long as the potential conflict exists.

1- Wal 2-27-21

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

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

Covered Person Position, or County Division for which you are employed or volunteering 385.468.4722 CountyNolunteer's Phone 2001 South State Street S2-300 SLC, UT 84190 Covered Person's County AddressNolunteer's Address 8. Center for Resiliency and Recovery Outside institution, entity, private business or person in which the Covered Person has a personal or business interest for which disclosure is required in the above section Owner of this LLC Covered person's status, relationship or commitment to the institution, entity, business or person named above 1345 East 3900 South St 102D SLC, UT 84124-1474 ph; 801.542.0933 Address and phone number of the institution, entity, business or person named above Select the category that applies to yourself and the outside institution, entity, business or person identified in subsection (B) above: U I receive or have agreed to receive compensation for assisting a person or business entity in a transaction involving Salt Lake County. I am an officer, director, agent, employee or the owner of a substantial interest in a business entity that is subject to the regulation of Salt Lake County. I am an officer, director, agent, employee or owner of a substantial interest in a business entity that does or anticipates doing business with Salt Lake County. I hold an investment or other financial interest that creates a potential or actual conflict with my public duties. I hold a personal interest that creates a potential or actual conflict with my public duties. None of the above categories apply. D. Give a detailed description of the actual or potential conflicts of interest identified above, i.e., the nature of the relationship of each business entity or person with the County. Use more sheets if necessary. (This disclosure statement will not be accepted as valid unless this section is completed.) I am the owner of the Center for Resiliency and Recovery (CRR) and am a part time therapist in my practice. I provide services for Medicaid funded clients at CRR. Some of these Medicaid funded clients have Optum Medicaid as their behavioral health insurance. Optum contracts with SL County. There are no none conflicts with my QA coordinator duties. I declare under criminal penalty under the law of Utah that the foregoing is true and correct. Signed on the 12 day of January ,2.Q2.L, Month Year at SLC Utah Salt Lake County City or other location, and state or county Vicky Westmoreland Printed Name 1: Waln 1-22-21 Vicky Westmoreland Delglially signed by Vicky Westmoteland Date: 2021.01.12 14:22:07 -07'00'

This stutement is u 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.