

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. Charles Ray Barrett Salt Lake County Behavioral Health 385-468-4726
Covered Person Position, or County Division for which you are employed or volunteering County Volunteer's Phone
2001 South State Ste 2300

Covered Person's County Address Volunteer's Address

B. 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:

- 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.)*

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.

Signed on the 01__ day of February, 2020,
Date Month Year

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 Digitally signed by Ray Barrett
Signature Date: 2021.01.25 11:54:24 -07'00'

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

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. brad hammel Quality Assurance 385-468-2072
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

B. Blomquist Hale Employee assistance
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

Blomquist hale

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

employee

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.)*

1don't think there is any conflicts with this job the company does not do any business with the County

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

Signed on the 22 - - day of January , 2021,
Date Month Year

at _____
City or other location, and state or county

brad hammel
Printed Name

Signature

TEWAL 1-27-21

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 Lauren Syphus Quality Assurance Coordinator, DBHS 385-468-4715
Covered Person Position, or County Division for which you are employed or volunteering County Volunteer's Phone
2001 South State Street S2-300, Salt Lake City, Utah 84114-4575
Covered Person's County Address Volunteer's Address

B. University of Utah Hospital
Outside institution, entity, private business or person in which the Covered Person has a personal or business interest for which disclosure is required in the above section
PRN Employee - 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

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

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

PRN position for University of Utah Hospital doing ED Trauma Crisis Work. Job duties will include: assessments, brief therapy, and case management. There does not appear to be a conflict with Salt Lake County DBHS.

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

Signed on the 13 day of January, 2021,
"D a te-- Month Year

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

Lauren Syphus
Printed Name

Lauren Syphus Digitally signed by Lauren Syphus
Signature Date: 2021.01.13 17:58:08 -0700'



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. Anna Cervante Behavioral Health Services 385-468-4375
Covered Person Position, or County Division for which you are employed or volunteering County Volunteer's Phone
4233 S Birkhill Blvd, Murray Utah 84107

Covered Person's County Address Volunteer's Address

8. University of Utah UNI-BHS Assessment and Referral 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

Role is Group Facilitator

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

450 East 900 South ARS

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 (8) 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.

[8] 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.)*

Individuals that may utilize ARS services may have had interaction with Chaplain role while incarcerated at Utah State Prison.

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

Signed on the 7 day of January, 2021,
Date Month Year

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

Anna Cervantes
Printed

Signature

Handwritten signature and date: 1-27-21

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. Anna Cervante Behavioral Health Services 385-468-4375
Covered Person Position, or County Division for which you are employed or volunteering CountyNolunteer's Phone
4233 S Birkhill Blvd, Murray Utah 84107

Covered Person's County AddressNolunteer's Address

8 Utah State Prison- State 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

Role is Utah State Chaplain

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

Utah State Prison- Draper, Utah

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.)*

Conflict can arise with individuals who have had prevoius interactions with State Chaplain while incarcerated and may utilized PATR (Parole Access to Recovery) Services while on parole status.

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

Signed on the 12, day of January , 2021,
Date Month Year

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

Anna Cervantes
Printed

Signature

[Handwritten Signature] 1-27-21

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 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. Vicky Westmoreland QA Coordinator 385.468.4722
Covered Person Position, or County Division for which you are employed or volunteering County Volunteer's Phone
2001 South State St S2-300 SLC, UT 84190

Covered Person's County Address Volunteer's Address

B. University 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

Adjunct Faculty

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

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 in subsection (8) 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 an adjunct faculty at the University of Utah in the Social Work Department. I teach usually one class per year and there are no known conflicts of interest in my roles as an adjunct instructor and the QA coordinator role.

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
Date Month Year

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

Vicky Westmoreland
Printed Name

Vicky Westmoreland Digitally signed by Vicky Westmoreland
Signature Date: 2021.01.15 10:47:34 -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.

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A. Vicky Westmoreland QA Coordinator 385.468.4722
Covered Person Position, or County Division for which you are employed or volunteering 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

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

- I receive or have agreed to receive compensation for assisting a person or business entity in a transaction involving Salt Lake County.
- I am an officer, director, agent, employee or the owner of a substantial interest in a business entity that is subject to the regulation of Salt Lake County.
- I am an officer, director, agent, employee or owner of a substantial interest in a business entity that does or anticipates doing business with Salt Lake County.
- I hold an investment or other financial interest that creates a potential or actual conflict with my public duties.
- I hold a personal interest that creates a potential or actual conflict with my public duties.

None of the above categories apply.

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

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

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

Signed on the 12 day of January, 2021.
Date-- Month Year

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

Vicky Westmoreland
Printed Name

Vicky Westmoreland Digitally signed by Vicky Westmoreland
Date: 2021.01.12 14:22:07 -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.