

Jennifer Wilson

Salt Lake County Mayor

DEPARTMENT OF COMMUNITY SERVICES

ROBIN B CHALHOUB

Director

JOEY MCNAMEE
Associate Director

DIVISIONS

ARTS AND CULTURE

CLARK PLANETARIUM

COUNTY LIBRARY

DISCOVERY GATEWAY

PARKS, RECREATION & GOLF

EQUESTRIAN PARK & EVENTS CENTER

ZOO, ARTS AND PARKS

SALT LAKE COUNTY
GOVERNMENT CENTER
2001 South State Street
Suite N3-200
Salt Lake City, UT 84190
385/468-7050
385/468-7072 fax
www.slco.org

February 5, 2024

To Whom It May Concern:

The Department of Community Services submits the following County Disclosure forms for review:

Employees:

- Grace Hanley, Downtown Residential Committee
- Lori Okino, OPEB Trust Board
- Robin Chalhoub, UPACA Board
- Robin Chalhoub, Salt Lake Community College
- Robin Chalhoub, DGCM Board

Sincerely,

Grace Hanley



(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.	Grace Hanley	Admin Assistant to Community	Services Department	x87050		
<i>1</i> 1.	Covered Person	Position, or County Division for which you a	re employed or volunteering	County/Volunteer's Phone		
	2001 S. State Street, N3-200, SLC, UT 84190					
	Covered Person's County	Address/Volunteer's Address				
В.	Downtown Residential Committee					
	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					
	Committee Member					
	Covered person's status,	elationship or commitment to the institution,	entity, business or person named a	bove		
	NA					
	Address and phone numb	er of the institution, entity, business or person	named above			
C.	Select the category that	opplies to yourself and the outside institution.	entity, business or person identifie	ed in subsection (B) above:		
	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 Sal 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 wi Salt Lake County.					
	I hold an investment or other financial interest that creates a potential or actual conflict with my public duties.					
		erest that creates a potential or actual conflict	with my public duties.			
	None of the above	ategories apply.				
D.		on of the actual or potential conflicts of interest County. Use more sheets if necessary. (<i>This</i>				
		mmittee is to investigate and conduct out include but are not limited to renters' right				
I d	Leclare under criminal pena	ty under the law of Utah that the foregoing is	true and correct.			
Sig	gned on the 5 day Date	of <u>February</u> , <u>2024</u> , Month , <u>Year</u> ,				
at [§]	Salt Lake City					
	City or other location, an	state or county				
C-	raca Hanlay					
G r Pri	ace Hanley nted Name					
G	race Hanley	Digitally signed by Grace Hanley				
	gnature	Date: 2024.02.05 13:15:03 -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*.)

A.	Lori Okino	Community Services	385-468-7053		
	Covered Person	Position, or County Division for which you are employed or volum	nteering County/Volunteer's Phone		
	2001 S. State S	Street, suite N3-200, Salt Lake City, UT 84114			
	Covered Person's Cou	nty Address/Volunteer's Address			
В.	Other Post Em	ployment Benefits (OPEB) Trust Board			
	Outside institution, entity, private business or person in which the Covered Person has a personal or business interest for which disclosure is required in the above section				
	Trustee				
	Covered person's status, relationship or commitment to the institution, entity, business or person named above				
	2001 S. State S	Street, Salt Lake City, UT 84114			
	Address and phone nur	mber of the institution, entity, business or person named above			
C.	Select the category th	nat applies to yourself and the outside institution, entity, business or pe	erson identified in subsection (B) above:		
	_	agreed to receive compensation for assisting a person or business entit	• • •		
	I am an officer, d	lirector, agent, employee or the owner of a substantial interest in a bus	iness entity that is subject to the regulation of Salt		
	•	lirector, agent, employee or owner of a substantial interest in a business	s entity that does or anticipates doing business with		
		nent or other financial interest that creates a potential or actual conflict interest that creates a potential or actual conflict with my public dutie			
	None of the abov	ve categories apply.			
D.		ption of the actual or potential conflicts of interest identified above, i.e the County. Use more sheets if necessary. (<i>This disclosure statement</i>			
	On April 21, 2015, the Salt Lake County Council adopted a resolution authorizing the creation of an irrevocable Trust for the purpose of funding other post-employment benefit (OPEB) liabilities. I am one of four trustees charged with fiduciary duties related to the trust. Our goal is to begin reducing the unfunded liability associated with the benefits and increase the transparency in reporting of the liability, facilitate consistency with the current reporting requirements for pensions, and provide more useful information about the liability and costs of benefits.				
I de	eclare under criminal pe	enalty under the law of Utah that the foregoing is true and correct.			
Sig	ned on the 19 d	lay of <u>January</u> , <u>2024</u> , Month Year			
. c	Salt Lake City Utah				
at ⊆	Salt Lake City, Utah City or other location,	and state or county			
Lor	ri Okino				
	nted Name	Digitally signed by Lori Okino			
	ori Okino	Date: 2024.01.19 17:01:48 -07'00'			
×10	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,

	Covered Person	Position, or County Division for which you are employed or volunteering	County/Volunteer's Phone			
	Covered Person's Co	vered Person's County Address/Volunteer's Address				
١.	Outside institution, e is required in the abo	ntity, private business or person in which the Covered Person has a personal or busin ve section	ness interest for which disclosure			
	Covered person's status, relationship or commitment to the institution, entity, business or person named above					
	Address and phone n	umber of the institution, entity, business or person named above				
٠.	Select the category	that applies to yourself and the outside institution, entity, business or person identifie	ed in subsection (B) above:			
	— I receive or hav	re 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	-			
	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. (<i>This disclosure statement will not be accepted as valid unless this section is completed.</i>)					
d	eclare under criminal	penalty under the law of Utah that the foregoing is true and correct.				
iį	gned on the Date	$\frac{\text{day of}}{\text{Month}}, {\text{Year}},$				
t _	City or other location	, and state or county				
ri	nted Name					
ie	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*.)

A. Robin B. Chalhot Community Services Department Director

385-468-7051

л.	·				
	Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone				
	2002 S. State Street N3-200 Salt Lake City, Utah 84				
	Covered Person's County Address/Volunteer's Address Salt Lake Community College				
В.					
	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				
	4600 S Redwood Rd, Salt Lake City, UT 84123				
	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 Sal 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>)				
I d	eclare under criminal penalty under the law of Utah that the foregoing is true and correct.				
Si	gned on the 23 day of January Date Month , 2024 ,				
ot :	Salt Lake City Utah				
	City or other location, and state or county				
D.	shin R. Chalhouh				
	bbin B. Chalhoub nted Name				
R	obin B. Chalhoub Digitally signed by Robin B. Chalhoub Date: 2024.01.23 00:14:36 -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.) Robin B. Chalhot Community Services Department Director 385-468-7051 Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone 2002 S. State Street N3-200 Salt Lake City, Utah 84 Covered Person's County Address/Volunteer's Address Discovery Gateway Children's Museum 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 444 W 100 S, Salt Lake City, UT 84101 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. $\begin{array}{ccc} \text{Signed on the} & \underline{23} & & \text{day of} \\ & \overline{\text{Date}} & & \overline{\text{Month}} & , \\ & \underline{\text{Year}} & \\ \end{array}$ at Salt Lake City Utah City or other location, and state or county Robin B. Chalhoub

Signature

Printed Name

Robin B. Chalhoub

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 Robin B. Chalhoub Date: 2024.01.23 00:11:04 -07'00'