



Jennifer Wilson, Salt Lake County Mayor
Karen Crompton, Human Services Director
Gary Edwards, Executive Director

March 7, 2019

Richard Snelgrove, Chair
Salt Lake County Council
2001 S. State Street, N2-200
Salt Lake City, UT 84190

RE: Salt Lake County Health Department 2019 Disclosure Documents

Dear Councilmember Snelgrove:

The Salt Lake County Health Department submits the following County Disclosure forms for review:

EMPLOYEES:

- Andrea Gamble (three forms)
- Audrey Stevenson
- Dan Moore
- Gary Edwards
- Jorge Mendez
- Kami Peterson
- Nancy Lucero
- Natalie Cuoio
- Rachel Black
- Raul Garcia
- Royal DeLegge

BOARD OF HEALTH MEMBERS:

- Brooke Hashimoto
- Clare Coonan
- Dorothea Verbrugge
- Judy Cullen
- Kelly Christensen
- Lavanya Mahate
- Ruedi Tillmann
- Russ Booth
- William Cosgrove

If you have any questions, please do not hesitate to contact me.

Respectfully,

Gary L. Edwards, M.S.
Executive Director

[Handwritten mark]

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. Andrea Gamble Environmental Health Scientist /Environmental Health/ Foods 385-468-3845
Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone
788 East Wood Oak Lane, Murray, Utah 84107

Covered Person's County Address/Volunteer's Address

B. Fun Food Handlers LLC
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

Teach Food Handlers and Certified Manger Classes

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

2268 South 2300 East Salt Lake City, Utah 84109 435-631-9942

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.

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 Teach Food Handlers and Certified ^{manager} ~~Manger~~ Classes for Fun Food Handlers LLC.

*manager
AG
1/22/19*

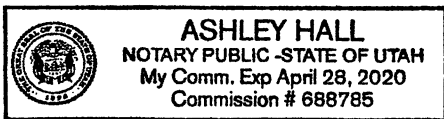
[Handwritten signature] 1/22/19

Andrea Gamble

Digitally signed by Andrea Gamble
Date: 2019.01.22 12:03:21 -07'00'

Covered Person's Signature

SUBSCRIBED and SWORN to before me this 22 day of January, 2019.



Ashley Hall
NOTARY PUBLIC, Residing in
Salt Lake Ut
County State

[SEAL]

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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A. Andrea Gamble Environmental Health Scientist /Environmental Health/ Foods 385-468-3845
Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone
788 East Wood Oak Lane, Murray, Utah 84107
Covered Person's County Address/Volunteer's Address

B. University Park Marriott
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
Hostess
Covered person's status, relationship or commitment to the institution, entity, business or person named above
480 Wakara Way, Salt Lake City, Utah 84108 801-581-1000
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.

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 Hostess

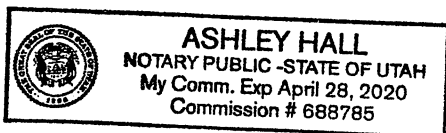
Andrea Gamble 1/22/19

Andrea Gamble

Digitally signed by Andrea Gamble
Date: 2019.01.22 12:03:21 -07'00'

Covered Person's Signature

SUBSCRIBED and SWORN to before me this 22 day of January, 2019.



[SEAL]

Ashley Hall
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A. Andrea Gamble Environmental Health Scientist /Environmental Health/ Foods 385-468-3845
 Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone
788 East Wood Oak Lane, Murray, Utah 84107
 Covered Person's County Address/Volunteer's Address

B. Salt Lake Community 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 faculty and on the PAC committee.
 Covered person's status, relationship or commitment to the institution, entity, business or person named above
9750 South 300 West, Sandy, Utah 84070 801-957-5200
 Address and phone number of the institution, entity, business or person named above

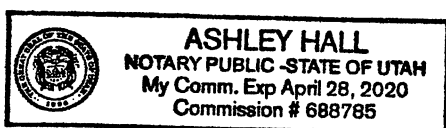
- C. Select the category that applies to yourself and the outside institution, entity, business or person identified in subsection (B) above:
- I receive or have agreed to receive compensation for assisting a person or business entity in a transaction involving Salt Lake County.
 - I am an officer, director, 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.


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 teach CHEF 1110 Sanitation, CHEF 1200 Cuisine and Culture, and CHEF 2520 Nutrition for the Culinary Department at Salt Lake Community College.


Andrea Gamble Digitally signed by Andrea Gamble
 Covered Person's Signature Date: 2019.01.22 12:03:21 -07'00'

SUBSCRIBED and SWORN to before me this 22 day of January, 2019.




 NOTARY PUBLIC, Residing in
Salt Lake Ut
 County State

[SEAL]

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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. Audrey M. Stevens Health Department 385-468-4150
Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone
2001 So State Street, S3700, SLC, UT 84190-2150

Covered Person's County Address/Volunteer's Address

B. Columbus Community 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

Nurse Consultant for Group Homes

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

3495 S W Temple, Salt Lake City, UT 84115 (801) 262-1552

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.

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 is no actual or potential conflict of interest.

Audrey Stevenson

Audrey Stevenson Digitally signed by Audrey Stevenson
Date: 2019.01.23 16:30:06 -07'00'

Covered Person's Signature

SUBSCRIBED and SWORN to before me this 23rd day of January, 2019.



[SEAL]

Heather Edwards
NOTARY PUBLIC, Residing in Salt Lake Utah
County State

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DISCLOSURE OF PERSONAL OR FINANCIAL INTEREST

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A. Audrey M. Stevenson Health Department 385-468-4150
Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone
2001 So State Street, S3700, SLC, UT 84190-2150

Covered Person's County Address/Volunteer's Address

B. University of Phoenix
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

Faculty for online graduate nursing program

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

4035 S Riverpoint Parkway, Phoenix, AZ 85040

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:

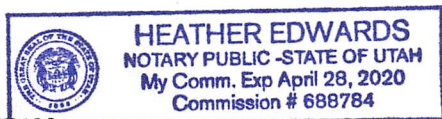
- I receive or have agreed to receive compensation for assisting a person or business entity in a transaction involving Salt Lake County.
- I am an officer, director, agent, employee or the owner of a substantial interest in a business entity that is subject to the regulation of Salt Lake County.
- I 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.

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 is no actual or potential conflict of interest.

Audrey Stevenson
Audrey Stevenson Digitally signed by Audrey Stevenson
Date: 2019.01.23 16:30:06 -07'00'
Covered Person's Signature

SUBSCRIBED and SWORN to before me this 24th day of January, 2019.



[SEAL]

Heather Edwards
NOTARY PUBLIC, Residing in
Salt Lake County Utah State

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. Dan Moore Supervisor, Health Department 385-468-3916
 Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone
788 E Woodoak Lane, Murray, UT 84107
 Covered Person's County Address/Volunteer's Address

B. RESPRO
 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
consultant
 Covered person's status, relationship or commitment to the institution, entity, business or person named above
PO Box 1078 Centerville, UT 801-856-4558
 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.

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.)

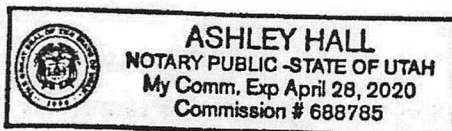
Food safety consultant, secret shopper satisfaction surveys, and trainer/educator for various businesses. No consulting activities occur in conflict with SLCoHD regulations or permits. Nearly all consulting is completed outside Salt Lake County within other counties.

Dan Moore

Digitally signed by Dan Moore
Date: 2019.01.22 11:24:57 -07'00'

Covered Person's Signature

SUBSCRIBED and SWORN to before me this 22 day of January, 2019.



[SEAL]

Ashley Hall
 NOTARY PUBLIC, Residing in
Salt Lake UT
 County State

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A. Gary Edwards Director/Health 385-468-4116
Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone
2001 S. State Street, Suite S2-600

Covered Person's County Address/Volunteer's Address

B. University of Utah/Utah Department of Health
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 / Health Advisory Council

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

U of U Department of Health Education & Promotion / Cannon Health Building

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.
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- I hold a personal interest that creates a potential or actual conflict with my public duties.

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.)

Teach evening classes.

Past chair of the Health Advisory Council through the Utah Department of Health.

Gary Edwards
Covered Person's Signature

SUBSCRIBED and SWORN to before me this 24th day of January, 2019.



Heather Edwards
NOTARY PUBLIC, Residing in
Salt Lake County Utah State

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A. Jorge Mendez Health Department, Environmental Health, Water Quality Supervi. 385-468-3913
Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone
788 E. Woodoak LN. Murray UT. 84107
Covered Person's County Address/Volunteer's Address

B. Canyons School District
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
Instructor, food preparation safety training.
Covered person's status, relationship or commitment to the institution, entity, business or person named above
825 E 9085 S, Sandy, UT 84094 Phone: (801) 826-6670
Address and phone number of the institution, entity, business or person named above

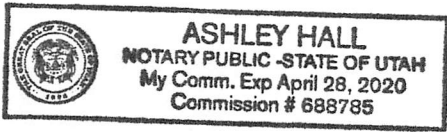
- C. Select the category that applies to yourself and the outside institution, entity, business or person identified in subsection (B) above:
- I receive or have agreed to receive compensation for assisting a person or business entity in a transaction involving Salt Lake County.
 - I am an officer, director, 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.

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.)

Provide food safety training to individuals involved in food preparation at food establishments in order to receive a food handlers permit or food safety certification.


Jorge Mendez Digitally signed by Jorge Mendez
Date: 2019.01.23 08:32:15 -07'00'
Covered Person's Signature

SUBSCRIBED and SWORN to before me this 23rd day of January, 2019.



[SEAL]

Ashley Hall
NOTARY PUBLIC, Residing in
Salt Lake UT
County State

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A. Kami Peterson Salt Lake County Health Department 385-468-4142
 Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone
2001 S State Street S3-700, SLC, UT 84114
 Covered Person's County Address/Volunteer's Address

B. Canyons School District
 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
Certified Nursing Assistant Clinical Instructor
 Covered person's status, relationship or commitment to the institution, entity, business or person named above
9361 S 300 E, Sandy, UT 84070 801-826-5000
 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:
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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 employed part-time as a CNA clinical instructor for the Canyons Technology Education Center. To the best of my knowledge neither the Salt Lake County Health Department nor Salt Lake County have any business interests with this school district. I have no business interest in this school district.

Kami Peterson

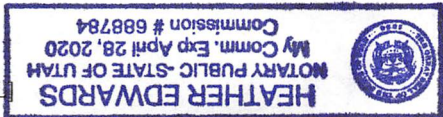
Kami A. Peterson

Digitally signed by Kami A. Peterson
Date: 2019.01.25 13:36:42 -07'00'

Covered Person's Signature

SUBSCRIBED and SWORN to before me this 29th day of January, 2019.

Heather Edwards
 NOTARY PUBLIC, Residing in
Salt Lake Utah
 County State



[SEAL]

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A. Nancy Lucero Office Support/Environmental Health/ Foods 385-468-3845
Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone
788 East Wood Oak Lane, Murray, Utah 84107
Covered Person's County Address/Volunteer's Address

B. Fun Food Handlers LLC
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
Teach Food Handlers and Certified Manager Classes
Covered person's status, relationship or commitment to the institution, entity, business or person named above
2268 South 2300 East, Salt Lake City, Utah 84109
Address and phone number of the institution, entity, business or person named above

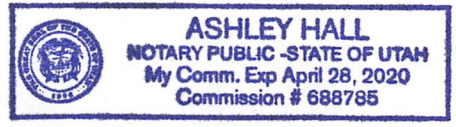
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 - I hold a personal interest that creates a potential or actual conflict with my public duties.

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Teach Food Handlers and Certified Manager Classes for Fun Food Handlers LLC

Nancy Lucero
Covered Person's Signature

SUBSCRIBED and SWORN to before me this 22 day of January, 2019.



[SEAL]

Ashley Hall
NOTARY PUBLIC, Residing in
Salt Lake Utah
County State

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[Handwritten mark]

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. Natalie Cusio Public Health Nutritionist 385-468-3679
Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone
610 S. 200 E., SLC, UT 84107 pc 84111
Covered Person's County Address/Volunteer's Address

B. Hunter Holm Rocky Mtn Care, 4090 Pioneer Pkwy, WVC, UT 84120
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
Clinical Dietitian
Covered person's status, relationship or commitment to the institution, entity, business or person named above
4090 Pioneer Pkwy, WVC, UT 84120
Address and phone number of the institution, entity, business or person named above

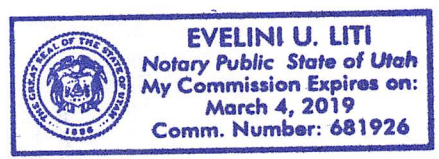
- C. Select the category that applies to yourself and the outside institution, entity, business or person identified in subsection (B) above:
- I receive or have agreed to receive compensation for assisting a person or business entity in a transaction involving Salt Lake County.
 - I am an officer, director, 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.

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 as a clinical dietitian at a long term care facility. I work as a public health nutritionist at WVC. There is not a conflict of interest in this situation.

Natalie Cusio
Covered Person's Signature

SUBSCRIBED and SWORN to before me this 23rd day of January, 2019.



Evelini U. Liti
NOTARY PUBLIC, Residing in
Salt Lake Utah
County State

[SEAL]

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Handwritten mark

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. BROOKE HASHIMOTO, SCHD BOARD OF HEALTH 801-554-2948
Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone
2702 SOUTH CORNOR, SLC, UT 84109
Covered Person's County Address/Volunteer's Address

B. UNIVERSITY OF UTAH & Q-THERAPEUTICS
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 AM AN EMPLOYEE @ THE UNIVERSITY OF UTAH, I OWN STOCK IN Q THERAPEUTICS
Covered person's status, relationship or commitment to the institution, entity, business or person named above

UW: (MS ADARREN) DRIVE, SLC UT 84108 801-581-6047, Q: 417 WAKARA WAY SUITE 350 SLC UT
Address and phone number of the institution, entity, business or person named above 84108 801, 581-5400

- 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.

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.)

SEE ABOVE IN SECTION B.

Board of Health member

Brooke Hashimoto
Covered Person's Signature

SUBSCRIBED and SWORN to before me this 7th day of February, 2017.



Heather Edwards
NOTARY PUBLIC, Residing in
Salt Lake *Utah*
County State

[SEAL]

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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. Clare Coonan Member of the Salt Lake County Board of Health 801.558.2162
 Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone
2536 S. Kenwood St., Salt Lake City UT 84106

Covered Person's County Address/Volunteer's Address

B. Adjacent Consulting, LLC
 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

President

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

2536 S. Kenwood St., Salt Lake City UT 84016

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.

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.)*

My company, Adjacent Consulting, does consulting work with Salt Lake County government. I have provided training for both Human Resources and the Department of Health.

Board of Health member

Clare T. Coonan

Covered Person's Signature

SUBSCRIBED and SWORN to before me this 7 day of February, 2019.



[SEAL]

Heather Edwards

NOTARY PUBLIC, Residing in

Salt Lake Utah
County State

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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. Dorothea Verbrugge Salt Lake County Board of Health 801-419-8027
Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone
2576 Sage Way, Salt Lake City, UT 84109

Covered Person's County Address/Volunteer's Address

B. Aetna, a CVS Health Care Company

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

Employed

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

10150 Centennial Pkwy, Sandy, UT 84070

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.

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.)

Employee of Health insurance company, Aetna, and parent company CVS, that operate in Salt Lake County.

Board of Health member

Dorothea Verbrugge

Covered Person's Signature

SUBSCRIBED and SWORN to before me this 7th day of February, 2019.

Heather Edwards

NOTARY PUBLIC, Residing in

Salt Lake

County

Utah

State



[SEAL]

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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. JUDY CULLEN SL COUNTY BOARD OF HEALTH 801-599-7903
Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone

2514 ELIZABETH ST. #4 SLC UT 84106
Covered Person's County Address/Volunteer's Address

B. BLUEFIN CORP DBA TSUNAMI RESTAURANT & SUSHI BAR
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

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

165 W 2950 S SLC UT 84115 801-433-3561
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.

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.)

Board of Health member

Judy Cullen
Covered Person's Signature

SUBSCRIBED and SWORN to before me this 7th day of February, 2019.



[SEAL]

Heather Edwards
NOTARY PUBLIC, Residing in
Salt Lake Utah
County State

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[Handwritten mark]

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. Kelly Christensen, S.L.C B.O.H. Board Member 901 231 5250
 Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone
4832 Mapleberry Ct Draper UT 84020
 Covered Person's County Address/Volunteer's Address

B. ICEBERG DRWE Inn, Cateys Catering, WTAH Restaurant Assoc (Member)
 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, member.
 Covered person's status, relationship or commitment to the institution, entity, business or person named above
4832 Mapleberry Ct 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.

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.)*

Board of Health member

[Handwritten Signature]
 Covered Person's Signature
 SUBSCRIBED and SWORN to before me this 7th day of February, 2019.



[SEAL]

Heather Edwards
 NOTARY PUBLIC, Residing in
Salt Lake Utah
 County State

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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. LAVANYA MAHATE BOARD OF HEALTH 801-509-1205
Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone
1098 W South Jordan Pkwy #102, South Jordan, UT-84095
Covered Person's County Address/Volunteer's Address

B. SAFFRON VALLEY RESTAURANTS
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
Covered person's status, relationship or commitment to the institution, entity, business or person named above
1098 W South Jordan Pkwy #102, South Jordan, UT-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.

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.)

Board of Health member

[Signature]
Covered Person's Signature

SUBSCRIBED and SWORN to before me this 7 day of February, 2019.



Heather Edwards
NOTARY PUBLIC, Residing in
Salt Lake Utah
County State

[SEAL]

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[Handwritten mark]

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. Prediger Tillmann DDS SLCO Board of Health 801-272-2265
 Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone
2891 E. Valley View Ave, SLU, UT 84117
 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.

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.)

Board of Health member

[Handwritten Signature]

 Covered Person's Signature

SUBSCRIBED and SWORN to before me this 7th day of February, 2019



[SEAL]

Heather Edwards
 NOTARY PUBLIC, Residing in
Salt Lake Utah
 County State

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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. Russell K. Booth Salt Lake County Board of Health 801-455-7100
 Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone
3043 South 2350 East, SLU, UT 84109
 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.

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.)*

Board of Health members

Russell K Booth
 Covered Person's Signature

SUBSCRIBED and SWORN to before me this 7th day of February, 2019.

Heather Edwards
 NOTARY PUBLIC, Residing in
Salt Lake Utah
 County State



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[Handwritten mark]

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. William E. Cosgrove, MD 801-573-6175
 Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone
3747 Prospector Cir, SLC, Utah 84121
 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:

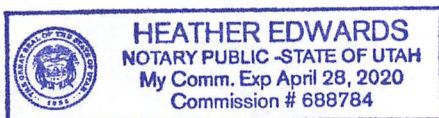
- I receive or have agreed to receive compensation for assisting a person or business entity in a transaction involving Salt Lake County.
- I am an officer, director, agent, employee or the owner of a substantial interest in a business entity that is subject to the regulation of Salt Lake County.
- I 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.

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.)

Board of Health member

W E Cosgrove MD
 Covered Person's Signature

SUBSCRIBED and SWORN to before me this 7th day of February, 2019.



[SEAL]

Heather Edwards
 NOTARY PUBLIC, Residing in
Salt Lake Utah
 County State

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