



# SALT LAKE COUNTY DISCLOSURE STATEMENT

**TO:** ALL SALT LAKE COUNTY OFFICERS, VOLUNTEERS, BOARD MEMBERS AND EMPLOYEES (“covered persons”)  
**FROM:** THE SALT LAKE COUNTY DISTRICT ATTORNEY’S OFFICE  
**SUBJECT:** STATUTORY ETHICAL AND DISCLOSURE REQUIREMENTS

All Salt Lake County covered persons must understand and follow a Utah law that prohibits, or requires disclosure of, certain actual or potential conflicts of interest between public duties and private interests. The County Officers and Employees Disclosure Act (§§ 17-16a-1, et seq., U.C.A., 1953 as amended) and Salt Lake Countywide Policy 1430 set the following requirements:

## PROHIBITED ACTS

A covered person may not:

1. Disclose confidential information acquired by reason of the covered person’s official position or use such information to secure special privileges or exemptions for the covered person or others;
2. Use or attempt to use the covered person’s official position to secure special privileges for the covered person or for others; or
3. Knowingly receive, accept, take, seek or solicit, directly or indirectly, any gift or loan for the covered person or for another, if the gift or loan tends to influence the covered person in the discharge of his/her official duties.

## DISCLOSURE REQUIRED

A covered person is required to make a disclosure if he or she:

- A. Receives or agrees to receive compensation for assisting a person or business entity in a transaction involving Salt Lake County;
- B. Is 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;
- C. Is 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;
- D. Holds an investment or other financial interest that creates a potential or actual conflict between the interest and the covered person’s public duties; or
- E. Hold some personal interest that creates a potential or actual conflict between the interest and the covered person’s public duties.

All written disclosures must be sworn statements containing the information described above and be in a form similar to that on the reverse side of this document. All such statements are public records, open to public inspection. All disclosures must be made as follows: Orally in any meeting of a county agency, board or division where a transaction is discussed involving a matter in which the covered person has an interest, and in writing when the conflict first arises. The general written disclosure must also be filed in January of each year that the outside interest exists. The written disclosure is filed through the covered person’s chain of command to the immediate supervisor, volunteer or community liaison, division director, department head or elected official, and county council.

Violation of these provisions may subject the covered person to disciplinary action or criminal prosecution. Any violations will be thoroughly investigated and prosecuted. Please be aware that this document is a shortened and simplified statement of the legal requirements involved in this area. Additional requirements or exceptions may apply. **YOUR CONDUCT WILL BE GOVERNED BY THE LAW, NOT THIS SUMMARY.** Feel free to direct any questions regarding the law’s ethical and disclosure requirements to the Civil Division of the Office of the District Attorney.

**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. Eric Hutchings Mayor's Administration, Senior Advisor  
Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone  
2001 S State Street N2-100, Salt Lake City, Utah

Covered Person's County Address/Volunteer's Address

B. Traumatic Brain Injury/Spinal Cord Injury (TBI/SCI) Rehabilitation Fund Oversight 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

Gov. Appointed Committee Member under the Utah State Department of Health

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

288 North 1460 West, Salt Lake City, Utah 84116

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

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

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

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.)*

The TBI/SCI Rehabilitation Fund Oversight Committee is a statutorily formed committee to review grant requests from medical treatment facilities that specialize in the rehabilitation of people who have experienced Traumatic Brain Injuries and Spinal Cord Injuries. The funds for these grants come from State funding sources. The fund and the committee are overseen and staffed by the Utah State Department of Health.

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

Signed on the 10 day of November, 2021  
Date Month Year

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

Eric Hutchings

Printed Name

**Eric Hutchings** Digitally signed by Eric Hutchings  
Date: 2021.11.10 15:30:29 -07'00'

Signature

*This statement is a public document. It must be filed with the covered person's immediate supervisor, volunteer or community liaison, division director, department director or elected official, and the County Council. It must be filed when the potential conflict arises and re-filed every January, as long as the potential conflict exists.*