(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.)

Un und	der the provisions of the County Officers and Employees Disclosure Act, §§ 17-16a-1 et seq., U.C.A., 1953 as amended, I, the undersigned, der penalties of perjury, make the following statement regarding my personal or business interest. (Type or print all information.)
A.	Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone
В.	Covered Person's County Address/Volunteer's Address  FROG BANCH FARMS  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
	OWNEL  Covered person's status, relationship or commitment to the institution, entity, business or person named above  2404 EAST BLAINE AVE. 6LC. UT. 84108  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.)   CAN SEE NO CONFLICT OF INTEREST
	Covered Person's Signature
SI	UBSCRIBED and SWORN to before me this
[S	Tazshia Ashley Gibson NOTARY PUBLIC - STATE OF UTAH My Comm. Exp. 10/24/2022 Commission # 703018  Salt Late County Joshia Olyon NOTARY PUBLIC, Residing in  State

(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.)

Un un	der the provisions of the County Officers and Employees Disclosure Act, §§ 17-16a-1 et seq., U.C.A., 1953 as amended, I, the undersigned, der penalties of perjury, make the following statement regarding my personal or business interest. ( <i>Type or print all information</i> .)
A.	Joel Ramusto Open Space Advisory Board 51 385 258495  Covered Person Position or County Division for which you are employed or volunteering County/Volunteer's Phone
	2943 Cirrent Creek Dr. S. Jordan 84095
В.	Covered Person's County Address/Volunteer's Address  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
	Employee
	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.)
	Covered Person's Signature
Sl	JBSCRIBED and SWORN to before me thisday ofday of
	la sa a a a a a a a a a a a a a a a a a
	Tazshia Ashley Gibson NOTARY PUBLIC, Residing in
	NOTARY PUBLIC - STATE OF UTAH My Comm. Exp. 10/24/2022 Commission # 703018  SACT AKE COUNTY  State
۲S	County State

Version Date: 3/19/2015





DISCLOSURE OF PRIVATE BUSINESS INTERESTS (Use one form for each outside business entity, institution, or person involved.)

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 private business interests. (*Type or print all information*.)

A.	Salt Lake County Open Space Trust Fund Advisory Board	
	Covered Person* Position* or County Division County Phone	
В.	2001 South State Street, Suite S4-700 Covered Person's County Address	
ь.	Outside institution, entity, private business or person involved  Describe covered person's status, employment or investment in the outside institution, entity, private business, or personal contract	
	Outside institution, entity, business or person's address and phone number	_
C.	Describe below the nature of the assistance you are providing to the institution, entity, private business or person named above, or describe the nature of the economic interest or employment you hold in the private business. Also describe the relationship with or transaction between the business, institution, person, etc. and Salt Lake County. Use more sheets if necessary. (This disclosure statement will not be accepted as valid unless this section is completed.)	
,	- City Connactnion	
H	Real Enfate based companies	
_	Real Entate based companies I have no conflict of interest	
	Sovered Person's Signature	
SUE	SCRIBED and SWORN to before me this of day of , 20 /4.	
	[SEAL] Tazshia Ashley Gibson NOTARY PUBLIC - STATE OF UTAH My Comm. Exp. 10/24/2022 Commission # 703018  Saltiac County  State	]

<sup>\*&</sup>quot;Covered person" means any person appointed to any statutory office or position or any other person appointed to any position of employment with Salt Lake County. "Covered person" includes, but is not limited to, persons serving on special, regular or full-time committees, agencies, or boards whether or not such persons are compensated for their services.

<sup>\*&</sup>quot;Position" refers to any Salt Lake County office, appointment, employment, or uncompensated volunteer situation as described in the definition of "covered person."

[SEAL]

(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 periury, make the following statement regarding my personal or business interest. (Type or print all information.) A. TOTO DENSERCE 801 863 1991

Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone 1447 E. LAIRD ADE SLC UT 8410S Covered Person's County Address/Volunteer's Address is required in the above section Covered person's status, relationship or commitment to the institution, entity, business or person named above 1840 S. 1300 E. 500 at 84105 Address and phone number of the institution, entity, business or person named above Select the category that applies to yourself and the outside institution, entity, business or person identified in subsection (B) above: 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. 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 I see no cuffet of interest. Covered Person's Signature SUBSCRIBED and SWORN to before me this \_\_\_\_\_\_day of \_\_\_\_\_ Tazshia Ashley Gibson NOTARY PUBLIC - STATE OF UTAH

(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.)

Jn in	der the provisions of the County Officers and Employees Disclosure Act, §§ 17-16a-1 et seq., U.C.A., 1953 as amended, I, the undersigned, der penalties of perjury, make the following statement regarding my personal or business interest. ( <i>Type or print all information</i> .)
<b>4</b> .	Rhetta McIff, Board Nember Open Space Committee 801-915-9519
	Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone 1948 W. Farm Midge Word Taylors ville, UT 34129
	1948 W. Farm Midge Noad Taylors ville, UT 34129 Covered Person's County Address/Volunteer's Address
3.	Outside institution, entity, private business of person in which the Covered Person has a personal or business interest for which disclosure is required in the above section
	Salos, mkig, betreach  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.
	<ul> <li>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.</li> <li>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.</li> </ul>
	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.)
	no conflict of onterest
	Covered Person's Signature
SI	UBSCRIBED and SWORN to before me this
	Tazshia Ashley Gibson NOTARY PUBLIC - STATE OF UTAH My Comm. Exp. 10/24/2022 Commission # 703018  Addu a College NOTARY PUBLIC, Residing in Sulfate County
[5	SEAL] County State

(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	Sarah Reale Open Space Trust Committee
	Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone
	Covered Person's County Address/Volunteer's Address
В.	Salt Lake Community College
Б.	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 as Director, Digital Marketing
	Covered person's status, relationship or commitment to the institution, entity, business or person named above
	4600 S. Redwood Road, Salt Lake City, Utah, 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 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.
	I hold a personal interest that creates a potential of 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. ( <i>This disclosure statement will not be accepted as valid unless this section is completed.</i> )
	N/A
	TV//A
	Sungh
	Covered Person's Signature
	02 Tuno: 19
SU	BSCRIBED and SWORN to before me this day of , 2017.
	(Illem Mal Xielman
	ALLISON MAE SHERMAN NOTARY PUBLIC, Residing in
rcr	My Commission Expires on: October 10, 2021  State  State
SE	[AL] County State