

**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. DAVID MENDENHALL BOARD MEMBER  
Covered Person Position, or County Division for which you are employed or volunteering (801) 301-5214  
County/Volunteer's Phone  
158 N. 600 WEST - OFFICE, SLC, UT 84116  
Covered Person's County Address/Volunteer's Address

B. HOUSING AUTHORITY OF SLC - HOUSING FOR SENIORS 62+  
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  
PROPERTY MANAGER EMPLOYEE ON SITE RENDON TERRACE APARTMENTS  
Covered person's status, relationship or commitment to the institution, entity, business or person named above  
158 N. 600 WEST - OFFICE, SLC, UT 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.
  - None of the above categories apply.

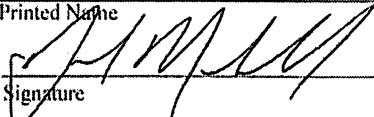
D. Give a detailed description of the actual or potential conflicts of interest identified above, i.e., the nature of the relationship of each business entity or person with the County. Use more sheets if necessary. (This disclosure statement will not be accepted as valid unless this section is completed.)

AS THE PROPERTY MANAGER OF RENDON TERRACE APARTMENTS, I HELP DIRECT AND IMPLEMENT PROGRAMS ON-SITE FROM SALT LAKE COUNTY INCLUDING RIDES FOR WELLNESS, AND MEALS ON WHEELS. ALSO, I HAVE REGULAR CONTACT AND INTERACTION WITH EMPLOYEES FROM CAREGIVER SUPPORT AND OMBUDSMAN PROGRAMS AS THEY NEED ACCESS OR INFORMATION REGARDING TENANTS AND RENDON TERRACE.

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

Signed on the 24<sup>th</sup> day of JAN, 2022  
Date Month Year

at SALT LAKE CITY, SALT LAKE COUNTY, UT  
City or other location, and state or county

DAVID MENDENHALL  
Printed Name  
  
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.

**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. Jamie Navarrete Case Manager, Aging and Adult Services 385-468-3276  
Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone  
2001 S. State St. Suite S1-600 Salt Lake City, Ut 84114-4575  
Covered Person's County Address/Volunteer's Address

B. DOPL Social Work Ethics 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  
Board Member  
Covered person's status, relationship or commitment to the institution, entity, business or person named above  
160 E. 300 S. Salt Lake City UT 84114 801-530-6628  
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 sit on the Licensing ethics board for Social work. This board oversees ethical dilemma's associated with my license. I provide services under this licensure as an employee of Salt Lake County.

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

Signed on the 19 day of January, 2022,  
Date Month Year

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

Jamie Navarrete  
Printed Name

Jamie Navarrete Digitally signed by Jamie Navarrete  
Signature Date: 2022.01.19 13:32:41 -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.*

**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. Jene Mortensen CE Section Manager, Aging & Adult Services 385-468-3085  
Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone  
2001 S State Street  
Covered Person's County Address/Volunteer's Address

B. Herriman City  
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  
5355 W Main St, Herriman, UT 84096  
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 work as a temp employee for the Parks and Events Department with Herriman City, working special events, and at two venues operated by the city.

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

Signed on the 20 day of January, 2022,  
Date Month Year

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

Jene Mortensen  
Printed Name  
Jene Mortensen Digitally signed by Jene Mortensen  
Signature Date: 2022.01.20 09:31:44 -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.*

**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. Jeremy Hart Associate Director 385-468-3258  
Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone  
2001 S. State St. Salt Lake City, Utah 84114  
Covered Person's County Address/Volunteer's Address

B. AARP 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  
Executive Committee Board Member  
Covered person's status, relationship or commitment to the institution, entity, business or person named above  
6975 Union Park Center St. 320 Midvale Utah 84047  
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.

Signed on the 19 day of January, 2022,  
Date Month Year

at SLC, Utah  
City or other location, and state or county

Jeremy Hart  
Printed Name

Jeremy Hart Digitally signed by Jeremy Hart  
Signature Date: 2022.01.19 13:51:06 -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.*

**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. Joey McNamee Associate Division Director, Aging & Adult Services 3854683205  
Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone  
2001 S State St S1-600

Covered Person's County Address/Volunteer's Address

B. Salt Lake City 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

Emerson Elementary School Community Council

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

1017 Harrison Ave Salt Lake City, UT 84015 - 8014814819

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.)

Aging & Adult Services has volunteer tutors at Emerson Elementary School. I serve as the Vice Chair of the School Community Council. The council does not oversee the volunteer program so a conflict is unlikely to arise.

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

Signed on the 27 day of January, 2022,  
Date Month Year

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

Joey McNamee  
Printed Name

Joey McNamee Digitally signed by Joey McNamee  
Date: 2022.01.27 11:45:40 -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.*

**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. Lara Kandolin      Program Coordinator, Aging & Adult Services      385-468-3146  
Covered Person      Position, or County Division for which you are employed or volunteering      County/Volunteer's Phone  
10th E 2nd S (TENTH EAST)  
Covered Person's County Address/Volunteer's Address

B. LKhealing.com  
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  
Practitioner, but not currently seeing clients.  
Covered person's status, relationship or commitment to the institution, entity, business or person named above  
Millcreek, 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.)

I am not aware of any potential conflicts with being a jin shin jyutsu practitioner and working at Salt Lake County.

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

Signed on the 21 day of January, 22,  
Date      Month      Year

at 10th E 2nd S (TENTH EAST)  
City or other location, and state or county

Lara Kandolin  
Printed Name

Lara Kandolin      Digitally signed by Lara Kandolin  
Signature      Date: 2022.01.21 12:19:15 -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.*

**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. Preston Hutchings Section Manager 385-468-3197  
Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone  
2001 S. State Stree, Suite S1-500 Salt Lake City, UT. 84114  
Covered Person's County Address/Volunteer's Address

B. Utah Urban Rural Specialized Transit Association URSTA  
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  
PO Box 142 SmithField, UT 84335 435-764-0066  
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'm on the Board for URSTA.

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

Signed on the 24 day of January, 2022,  
Date Month Year

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

Preston Hutchings  
Printed Name

Preston Hutchings Digitally signed by Preston Hutchings  
Date: 2022.01.24 16:18:12 -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.*

**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. Rachel Stoddard case manager 801-673-7422  
Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone  
2001 s state S1600

Covered Person's County Address/Volunteer's Address

B. DOPL:Social Work Licensing 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

Chair Person/SSW Board member

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

160 E 300 S SLC UT

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.)

As a Chair of the board/SSW board member I help regulate Social work licenses for Utah, including Salt Lake County Employees and residents.

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

Signed on the 25 day of January, 2022,  
Date Month Year

at Magna Utah  
City or other location, and state or county

Rachel Stoddard SSW  
Printed Name

Rachel Stoddard Digitally signed by Rachel Stoddard  
Date: 2022.01.25 10:43:08 -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.*



**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. Susan C. Johnstn Aging & Adult Services 385-468-3190  
Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone  
2001 S State St, Ste S1-600  
Covered Person's County Address/Volunteer's Address

B. Community Health Centers, Inc.  
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 Governor for CHC since 2010, Treasurer since 2017 or 2018  
Covered person's status, relationship or commitment to the institution, entity, business or person named above  
2621 S 3270 W, West Valley City, Utah, 84119, 801-412-6920  
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.)

CHC works closely with the SLCo Health Dept., and shares space with the Health Dept. in Salt Lake City. I have encountered no actual conflicts in fulfilling my duties as a Board Governor of CHC since working for the County.

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

Signed on the 24th day of January, 2022,  
Date Month Year

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

Susan C. Johnston  
Printed Name

Susan Johnston Digitally signed by Susan Johnston  
Signature Date: 2022.01.24 14:10:04 -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.*

**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. Traci Lee Aging & Adult Services Board 385-239-0942  
Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone  
195 N. 1950 W., SLC Utah 84116

Covered Person's County Address/Volunteer's Address

B. Division of Aging and Adult Services (State) ADULT PROTECTIVE SERVICES (APS)  
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

Program Administrator

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

195 N. 1950 W., SLC 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.
- 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 work within the Division of Aging and Adult Services which oversees federal and state funds that go to Area Agencies on Aging. I do not have any direct oversight of Older American Funds, but do have oversight of grant funding.

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

Signed on the 19 day of January, 2021,  
Date Month Year

at SLC  
City or other location, and state or county

Traci Lee  
Printed Name

Traci Lee  
Signature

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**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. Tracy Altman      Salt Lake County Council on Aging      8015993927  
Covered Person      Position, or County Division for which you are employed or volunteering      County/Volunteer's Phone  
1459 S. 500 E. Salt Lake City, UT 84105  
Covered Person's County Address/Volunteer's Address

B. American Health Plan 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  
Executive Director, American Health Plan of Utah  
Covered person's status, relationship or commitment to the institution, entity, business or person named above  
201 Jordan Road, Ste. 200, Franklin, TN 37067  
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 executive director over a Institutional Special Needs medicare advantage plan run in Salt Lake County. We are co-owned by nursing homes in Salt Lake County, and are thus subject to regulations of Salt Lake County.

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

Signed on the 19 day of January, 2022,  
Date      Month      Year

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

Tracy Altman  
Printed Name

Tracy Altman  
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.*

**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. Xia Erickson      Salt Lake County Council for Aging & Adult Services      8015504749  
Covered Person      Position, or County Division for which you are employed or volunteering      County/Volunteer's Phone  
195 N. 1950 W., Salt Lake City, UT 84116

Covered Person's County Address/Volunteer's Address

B. State of Utah, Office of Public Guardian  
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

Director, Office of Public Guardian

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

195 N. 1950 W., SLC, UT 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.
- 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.

Signed on the 26 day of January, 2022,  
Date      Month      Year

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

Xia Erickson  
Printed Name  
Xia Erickson  
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.*