



BEN MCADAMS
Salt Lake County Mayor

Holly M Yocom
Community Services Department
Director

Robin B Chalhoub
Community Services Department
Associate Director

Kirsten Darrington
Zoo, Arts and Parks Program
Director

June 15, 2018

Salt Lake County Council
2001 South State Street, N2-200
Salt Lake City, UT 84190

Dear County Council Members,

The following Zoo, Arts and Parks Tier II Advisory Board members have submitted Disclosure Statements, attached for your review:

- Gordon Wolf
- Noemi Hernandez Balcazar
- Karen Krieger
- Maren Slaugh
- Mayor Ron Bigelow
- Mayor Harris Sondak
- Ryan Benson
- Jason Myers

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

Sincerely,

Kirsten Darrington
Zoo, Arts and Parks Program Director

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. Christen Daeringer, Zoo Arts & Parks 385-468-7057
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

B. Utah Humanities, State History and Utah Division of Arts & Museums
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
Workshop Instructor
Covered person's status, relationship or commitment to the institution, entity, business or person named above

Utah Humanities - 202 W 300 N, SLC, UT 84103 801-359-9670
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 will be an instructor for three workshops taking place
July- October, 2018 produced/hosted by the above entities.
As this is unrelated to my position at the county, I
will be taking personal leave during these workshops.

Christen Daeringer
Covered Person's Signature

SUBSCRIBED and SWORN to before me this 15 day of June, 20 18.



[SEAL]


NOTARY PUBLIC, Residing in salt lake County UT 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 refiled every January, as long as the potential conflict exists.

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. Gordon Wolf
 Covered Person* Position* or County Division County Phone

1000 S. 100 E.
 Covered Person's County Address

B.
 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.)

TAYLORSVILLE ARTS COUNCIL
TAYLORSVILLE BONNION HERITAGE CENTER

Gordon Wolf
 Covered Person's Signature

SUBSCRIBED and SWORN to before me this 18 day of APRIL, 20 18



Laura Pratt
 NOTARY PUBLIC, Residing in Salt Lake, UT
 County 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 persists.

""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.

""Position" refers to any Salt Lake County office, appointment, employment, or uncompensated volunteer situation as described in the definition of "covered person."

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. Noemí Verónica Hernández Balcazar Position* or County Division Co

Covered Person's County Address _____

B.

Granite School District Arts Specialist

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.)*

Noemi Hernandez
Covered Person's Signature

SUBSCRIBED and SWORN to before me this 18 day of April, 2018.

[SEAL]



.20		8
 Laura Pratt		
NOTARY PUBLIC, Residing in		
Salt Lake		UT
County	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 persists.

"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.

****Position** refers to any Salt Lake County office, appointment, employment, or uncompensated volunteer situation as described in the definition of **“covered person.”**

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. Karen Krieger
 Covered Person* Position* or County Division County Phone

Covered Person's County Address *

B. Salt Lake City Arts Council
 Outside institution, entity, private business or person involved

Exec. Director
 Describe covered person's status, employment or investment in the outside institution, entity, private business, or personal contract

54 Finch Lane, SLC, UT 84102 801-596-5000
 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.)

Executive Director of the Salt Lake City Arts Council
that receives ZAP funding in tier I

Karen Krieger
 Covered Person's Signature

SUBSCRIBED and SWORN to before me this 18 day of April, 20 18.



Laura Pratt
 NOTARY PUBLIC, Residing in
Salt Lake UT
 County 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 persists.

""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.

""Position" refers to any Salt Lake County office, appointment, employment, or uncompensated volunteer situation as described in the definition of "covered person."

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.	Maren Slaugh Covered Person*	Director of RMA Position* or County Division	80813 County Phone
Covered Person's County Address			
B.	Holladay Arts Council Midvale Arts Council Outside institution, entity, private business or person involved Sandy City Museum		
Board Member of both councils. Father & Step mom are director of Sandy Museum 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.)		
Arts Councils - active board member - help plan events, approve budgets, etc. Family relationship - involved w/ Sandy Museum			



Covered Person's Signature

 SUBSCRIBED and SWORN to before me this **18** day of **April**, 20 **18**.


LAURA PRATT
NOTARY PUBLIC - STATE OF UTAH
COMMISSIONS 693488
COMM. EXP. 03-28-2021

Laura Pratt
NOTARY PUBLIC, Residing in
Salt Lake **UT**
County 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 persists.

**"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.

**"Position" refers to any Salt Lake County office, appointment, employment, or uncompensated volunteer situation as described in the definition of "covered person."

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. County Phone
 Covered Person* Position* or County Division

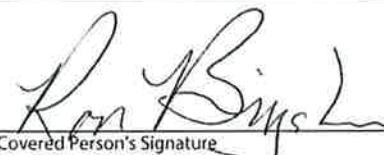
Covered Person's County Address

B.
 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.)


 Ron Bigelow
 Covered Person's Signature

SUBSCRIBED and SWORN to before me this day of , 20 .

[SEAL]



NOTARY PUBLIC, Residing in

 County 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 persists.

**"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.

**"Position" refers to any Salt Lake County office, appointment, employment, or uncompensated volunteer situation as described in the definition of "covered person."

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. **Harris Sondale** **MAP TIER 11 BOARD**
 Covered Person* Position* or County Division County Phone

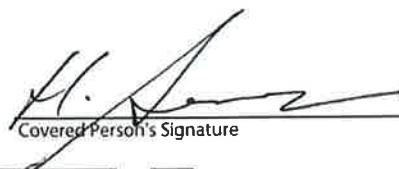
 Covered Person's County Address

B. **Town of Alta**
 Outside institution, entity, private business or person involved

MTA
 Describe covered person's status, employment or investment in the outside institution, entity, private business, or personal contract

PO BOX 8016 Alta UT 801-742-3522
 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.)



Covered Person's Signature

SUBSCRIBED and SWORN to before me this **18** day of **April**, 20 **18**.



Laura Pratt
 NOTARY PUBLIC, Residing in
Salt Lake **UT**
 County 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 persists.

**"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.

**"Position" refers to any Salt Lake County office, appointment, employment, or uncompensated volunteer situation as described in the definition of "covered person."

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. **Ryan Benson** **ON ZAP BOARD** County Phone
 Covered Person Position* or County Division

Covered Person's County Address

B. 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.)

N/A

[Signature]
 Covered Person's Signature

SUBSCRIBED and SWORN to before me this **18** day of **April**, 20 **19**.



[Signature]
 NOTARY PUBLIC, Residing in

Salt Lake **UT**
 County 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 persists.

**"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.

**"Position" refers to any Salt Lake County office, appointment, employment, or uncompensated volunteer situation as described in the definition of "covered person."

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.

Covered Person* Position* or County Division County Phone

Covered Person's County Address

B. 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.)



Covered Person's Signature

SUBSCRIBED and SWORN to before me this day of , 20 .



NOTARY PUBLIC, Residing in
 County 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 persists.

""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.

""Position" refers to any Salt Lake County office, appointment, employment, or uncompensated volunteer situation as described in the definition of "covered person."

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. GRACE LIN ZAP TIER 1 County/Volunteer's Phone
Covered Person Position, or County Division for which you are employed or volunteering

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.)

NA



Covered Person's Signature

SUBSCRIBED and SWORN to before me this 15 day of February, 20 18



[SEAL]

NOTARY PUBLIC, Residing in

County

DAVIS

UT

State

This statement is a public document. It must be filed with the covered person's immediate supervisor, volunteer or community liaison, re-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. Byron Russell ZAP Team Advisory Bd. County/Volunteer's Phone
Covered Person Position, or County Division for which you are employed or volunteering

Covered Person's County Address/Volunteer's Address

B. Utah Film 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

Board

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

300 S. 860 E. 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.

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 board member & executive committee member of
the UFC.*

Byron Russell
Covered Person's Signature

SUBSCRIBED and SWORN to before me this 15 day of February, 20 18



Michelle
NOTARY PUBLIC, Residing in
DAVIS County UT 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 refiled 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. Ken Verdosa ZAP Tier One Board
Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone
211-21

Covered Person's County Address/Volunteer's Address

B. SpyTop Advisory 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

Advisory Board Member

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.)

As an ~~Advisory Board member~~ for the ~~SpyTop~~ group, I have a role in fundraising for the benefit of ~~SpyTop~~ programs. SpyTop is a Tier One organization in the ~~Salvo~~ ZAP program, and is reviewed annually by the Tier One Board, resulting in public funding recommendations.

Kel Davis
Covered Person's Signature

SUBSCRIBED and SWORN to before me this 15 day of February, 2018.



[SEAL]

M. Hicks
NOTARY PUBLIC, Residing in
DAVIS County Ut 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 refiled 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. Max Chang ZAP Tier 1 Advisory Board County/Volunteer's Phone
Covered Person Position, or County Division for which you are employed or volunteering

Covered Person's County Address/Volunteer's Address

B. Natural History Museum 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

Member of Advisory Board.
Covered person's status, relationship or commitment to the institution, entity, business or person named above

301 Wasatch Way, Sec, UT 84108
Address and phone number of the institution, entity, business or person named above 801-581-4303

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.)

Advising the NHMU Board of Adm.

Covered Person's Signature

Michelle M. Hicks
February 15, 2018

NOTARY PUBLIC, Residing in

DAVIS
County

UT
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 refiled 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. Carolyn Gardner Tier 1 111-111-1111
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

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.)

No conflict

Carolyn Gardner
Covered Person's Signature

SUBSCRIBED and SWORN to before me this 14 day of June, 20 18.



[SEAL]


NOTARY PUBLIC, Residing in
Salt Lake UT
County 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 refiled 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. Victoria P. Bourns ZAP Tier I & CFSP 131-1111-1111
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

B. Utah Division of Arts & Museums

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

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

same as 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.)

The Division of Arts & Museums provides services, grants and programs to cultural organizations throughout Utah including ZAP recipients.

Victoria P. Bourns
Covered Person's Signature

SUBSCRIBED and SWORN to before me this 13th day of June, 20 18.



[SEAL]

Ina Landry
NOTARY PUBLIC, Residing in
Salt Lake UT
County 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 refiled every January, as long as the potential conflict exists.