

February 9, 2023

To Whom It May Concern

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

**EMPLOYEES:**

- Angela Dunn, Utah Aids Foundation
- Andrea Gamble, Fun Food Handlers, LLC and Salt Lake Community College
- Deborah Garner, West Valley Fitness Center and Calvary Baptist Church
- David Skorut, Various video production and photography services
- Jennifer Puder, Millcreek Cafe
- Kevin Okleberry, Salt Lake Community College
- Mamta Chaudha, Best Western Plus Airport Inn & Suites and La Quinta Inn & Suites West Jordan
- Nancy Lucero, Fun Food Handlers, LLC
- Petra Farmer, Centro Civico Mexicano
- Qing Chong, Aspen Ridge Home Health
- Rachel Black, Black Diamant Environmental
- Raul Garcia, Dept. of Health and Human Services
- Tiffany Anderson, Anderson Therapeutics

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

Sincerely,



Angela C. Dunn, MD MPH  
Executive Director

**Karen  
Crompton**

Department Director

Digitally signed by Karen  
Crompton  
Date: 2023.02.21  
08:59:40 -07'00'

**Michelle  
Hicks**

Mayor's Office Designee

Digitally signed by  
Michelle Hicks  
Date: 2023.02.21  
09:25:17 -07'00'

## 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. **Angela Dunn** **Health Department Executive Director** **385-468-4116**  
Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone  
**2001 S State Street Salt Lake City, UT 84190**

Covered Person's County Address/Volunteer's Address

B. **Utah AIDS Foundation**  
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 the board of trustees of the Utah AIDS Foundation**

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

**150 S 1000 E Suite 200 Salt Lake City Utah 84102**

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 on the board of trustees for the Utah AIDS Foundation. The Salt Lake County Health Department partners with the Utah AIDS Foundation in providing testing and treatment for sexually transmitted infections, including referring clients. The Salt Lake County Health Department may also pass through funding to the Utah AIDS Foundation based on qualifications and needs.

The Mayor and Council approved \$2 million in capital funding to the Utah AIDS Foundation in the 2023 budget, and had the funding go through the Health Department to the Utah AIDS Foundation.

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

Signed on the 23 day of January, 2023  
Date Month Year

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

Angela Dunn

Printed Name

**Angela Dunn** Digitally signed by Angela Dunn  
Date: 2023.01.23 14:59:43 -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

(Use one form for each outside business entity or person you are associated with for which disclosure is required in the above section. If multiple forms for multiple outside business entities or persons are submitted, only one form need be signed and notarized.)

Under the provisions of the County Officers and Employees Disclosure Act, §§ 17-16a-1 et seq., U.C.A., 1953 as amended, I, the undersigned, under penalties of perjury, make the following statement regarding my personal or business interest. *(Type or print all information.)*

A. **Andrea Gamble Environmental Health Scientist EH 385-468-3817**  
Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone  
**788 East Woodoak Lane Murray, UT 84107**

Covered Person's County Address/Volunteer's Address

B. **Fun Food Handlers, LLC**  
Outside institution, entity, private business or person in which the Covered Person has a personal or business interest for which disclosure is required in the above section

**Instructor for the Food Handlers and Certified Manager class.**

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

**150 S State St #100, Salt Lake City, UT 84111 (435) 631-9942**

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

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

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

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

Signed on the 31 day of January, 23  
Date Month Year

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

Andrea Gamble

Printed Name

**Andrea Gamble** Digitally signed by Andrea Gamble  
Date: 2023.01.31 14:50:37 -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

(Use one form for each outside business entity or person you are associated with for which disclosure is required in the above section. If multiple forms for multiple outside business entities or persons are submitted, only one form need be signed and notarized.)

Under the provisions of the County Officers and Employees Disclosure Act, §§ 17-16a-1 et seq., U.C.A., 1953 as amended, I, the undersigned, under penalties of perjury, make the following statement regarding my personal or business interest. *(Type or print all information.)*

A. **Andrea Gamble Environmental Health Scientist EH 385-468-3817**  
Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone  
**788 East Woodoak Lane Murray, UT 84107**

Covered Person's County Address/Volunteer's Address

B. **Salt Lake Community College**  
Outside institution, entity, private business or person in which the Covered Person has a personal or business interest for which disclosure is required in the above section

**Adjunct instructor in the Culinary Arts Program**

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

**9750 S 300 W, Sandy, UT 84070( 801) 957-5417**

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 an instructor, I teach CHEF 1110 SANITATION, CHEF 1200 NUTRITION, and CHEF 2520 NUTRITION in the culinary program at SLCC.

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

Signed on the 31 day of January, 23  
Date Month Year

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

Andrea Gamble

Printed Name

**Andrea Gamble** Digitally signed by Andrea Gamble  
Date: 2023.01.31 14:56:45 -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

(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. Deborah Garner 3854684126  
Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone  
610 S 200 E Salt Lake City UT 84111

Covered Person's County Address/Volunteer's Address

B. West Valley Fitness 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

Part-time employee - Health Educator

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

5415 W 3100 S, West Valley City, UT 84120

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

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

- ☐ I receive or have agreed to receive compensation for assisting a person or business entity in a transaction involving Salt Lake County.
- ☐ I am an officer, director, agent, employee or the owner of a substantial interest in a business entity that is subject to the regulation of Salt Lake County.
- ☒ I am an officer, director, agent, employee or owner of a substantial interest in a business entity that does or anticipates doing business with Salt Lake County.
- ☐ I hold an investment or other financial interest that creates a potential or actual conflict with my public duties.
- ☐ I hold a personal interest that creates a potential or actual conflict with my public duties.
- ☐ 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 currently employed with West Valley City Fitness Center. Each year, I conduct wellness classes and participate in grant funded programs designed to improve population health. These programs are target specific and focus primarily on behavior modification for adolescents and children under the age of 12. My salary is contingent upon the number of attendees and/or hours teaching in-person classes and supervising programs.

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

Signed on the 08 day of February, 2023  
Date Month Year

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

Deborah K. Garner

Printed Name

Deborah Garner Digitally signed by Deborah Garner  
Date: 2023.02.08 10:41:54 -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

(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. **Deborah Garner Salt Lake County Health Department - Immunizations ☐ 3854684126**

Covered Person	Position, or County Division for which you are employed or volunteering	County/Volunteer's Phone
<b>610 S 200 E Salt Lake City, UT 84111</b>		

Covered Person's County Address/Volunteer's Address

B. **Calvary Baptist Church**

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

**Health Educator**

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

**1090 S State St Salt Lake City, UT 84111**

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 health educator, I will be teaching a Diabetes Prevention class each week for 1 year.

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

Signed on the 8 day of February, 2023  
Date Month Year

Salt Lake City, UT

at \_\_\_\_\_  
City or other location, and state or county

Deborah K. Garner

Printed Name

**Deborah Garner** Digitally signed by Deborah Garner  
Date: 2023.02.08 12:44:29 -07'00'

Signature

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

## 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 Skorut** **Human Services / Health Department** **385-468-4134**  
Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone  
**2001 South State Street, Suite S2-2600, SLC UT 84190**  
Covered Person's County Address/Volunteer's Address

B. **Various**  
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  
**Freelance video production and photography services**  
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.
- ☐ 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 part-time for various local video production companies on a freelance basis.  
In the past, Salt Lake County has contracted with local video production companies to produce video projects, so a local video production company doing contract work for Salt Lake County may hire me to participate on the project.  
I am not involved in the procurement or selection of video production companies hired by Salt Lake County.

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

Signed on the 07 day of February, 2023  
Date Month Year

Salt Lake City, Utah, 84102 /SLCo Government Center  
at City or other location, and state or county

David Skorut

Printed Name

**David Skorut**

Digitally signed by David Skorut  
Date: 2023.02.07 15:21:52 -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. **Jennifer Puder** **CHW Program Manager** **8015575134**  
Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone  
**2001 S State St, S2-600 Salt Lake City Utah**

Covered Person's County Address/Volunteer's Address

B. **Millcreek Cafe**  
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

**Co-owner**

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

**3084 E 3300 S**

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.)*

My husband and I are owners of Millcreek Cafe, a restaurant that is inspected by the Salt Lake County Health Department.

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

Signed on the 30 day of January, 2023  
Date Month Year

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

Jennifer Puder

Printed Name

**Jennifer Puder** Digitally signed by Jennifer Puder  
Date: 2023.01.30 12:50:32 -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. **Kevin Okleberry** Emergency Response Coordinator, Environmental Health 385-468-3792

Covered Person	Position, or County Division for which you are employed or volunteering	County/Volunteer's Phone
788 E. Woodoak Lane #120, Murray UT 84107		

Covered Person's County Address/Volunteer's Address

B. **Salt Lake Community College**

Outside institution, entity, private business or person in which the Covered Person has a personal or business interest for which disclosure is required in the above section

**Adjunct Professor of Chemistry**

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

**4600 S. Redwood Road, Taylorsville, UT 84123 801-957-4111**

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 teach in-person night and online classes in basic Chemistry each Spring and Fall semester at Salt Lake Community College. I work full-time as a food service inspector for Salt Lake County Health Department. SLCC has several permitted food service establishments which are inspected by the Foods Bureau of the SLCoHD Environmental Health Division.

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

Signed on the 31 day of January, 2023  
Date Month Year

at Murray, Salt Lake, Utah

City or other location, and state or county

Kevin Okleberry

Printed Name

**Kevin Okleberry** Digitally signed by Kevin Okleberry  
Date: 2023.01.31 13:29:39 -07'00'

Signature

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## DISCLOSURE OF PERSONAL OR FINANCIAL INTEREST

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Under the provisions of the County Officers and Employees Disclosure Act, §§ 17-16a-1 et seq., U.C.A., 1953 as amended, I, the undersigned, under penalties of perjury, make the following statement regarding my personal or business interest. *(Type or print all information.)*

A. **Mamta Chaudha Environmental Health Scientist** **385-468-3827**  
Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone  
**788 E Woodoak Lane Murray UT 84107**

Covered Person's County Address/Volunteer's Address

B. **Best Western Plus Airport Inn & Suites**  
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  
**family owned**

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

**5433 Wiley Post Way Salt Lake City 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.)*

Business is family-owned that is subject to the regulation of Salt Lake County.

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

Signed on the 30 day of January, 2023  
Date Month Year

Murray  
at City or other location, and state or county

Mamta Chaudhari

Printed Name

**Mamta Chaudhari** Digitally signed by Mamta Chaudhari  
Date: 2023.01.30 11:15:52 -07'00'

Signature

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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. **Mamta Chaudha Environmental Health Scientist** **385-468-3827**  
Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone  
**788 E Woodoak Lane Murray UT 84107**

Covered Person's County Address/Volunteer's Address

B. **La Quinta Inn & Suites South Jordan**  
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

**family owned**

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

**511 South Jordan Parkway South Jordan UT 84095 385-448-8000**

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.)*

Business is family-owned that is subject to regulation of Salt Lake County.

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

Signed on the 30 day of January, 2023  
Date Month Year

Murray  
at City or other location, and state or county

Mamta Chaudhari

Printed Name

**Mamta Chaudhari** Digitally signed by Mamta Chaudhari  
Date: 2023.01.30 11:12:15 -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

(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. **Nancy Lucero**      **Office Specialist EH**      **385-468-3845**  
Covered Person      Position, or County Division for which you are employed or volunteering      County/Volunteer's Phone  
**788 East Woodoak Lane Murray, UT 84107**

Covered Person's County Address/Volunteer's Address

B. **Fun Food Handlers, LLC**  
Outside institution, entity, private business or person in which the Covered Person has a personal or business interest for which disclosure is required in the above section

**Instructor for the Food Handlers and Certified Manager class.**

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

**150 S State St #100, Salt Lake City, UT 84111 (435) 631-9942**

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

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

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

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

Signed on the 31 day of January, 23  
Date      Month      Year

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

Nancy Lucero

Printed Name

**Nancy Lucero**      Digitally signed by Nancy Lucero  
Date: 2023.01.31 14:55:56 -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

(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. **Petra E Farmer Office Specialist** **385-468-4274**  
Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone  
**SLCO HD, 610 S 200 E, SLC UT 84111, Rm 2103**

Covered Person's County Address/Volunteer's Address

B. **Centro Civico Mexicano**  
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

**155 S 600 W, SLC UT 84101, 801-883-9792**

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.)*

We have a kitchen that's regulated by SLCoHD annually and may receive funds from SLCo Grant

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

Signed on the 2 day of 2023,  
Date Month Year

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

Petra E Farmer

Printed Name

**Petra Farmer** Digitally signed by Petra Farmer  
Date: 2023.02.02 12:57:40 -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

(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. Qing Chong nursing supervisor, Clinical Services 385-468-3933  
Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone  
3690 S Main St, SLC UT 84115  
Covered Person's County Address/Volunteer's Address

B. Aspen Ridge Home Health  
Outside institution, entity, private business or person in which the Covered Person has a personal or business interest for which disclosure is required in the above section  
staff nurse working on weekends  
Covered person's status, relationship or commitment to the institution, entity, business or person named above  
5323 Murray BLVD, Murray, UT 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.
- ☐ 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.)*

Work as a staff nurse on weekends at Aspen Ridge Home Health including assessing patients medical situation, medication teaching, providing nursing interventions per order, etc. The agency may anticipate to report infectious diseases to county ID.

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

Signed on the 30th day of January, 2023  
Date Month Year

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

Qing Chong

Printed Name

Qing Chong

Digitally signed by Qing Chong  
Date: 2023.01.30 15:13:38 -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

(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. **Rachel Black** **Environmental Health** **385-468-3845**  
Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone  
**788 E Woodoak Lane, Murray, Utah, 84107**

Covered Person's County Address/Volunteer's Address

B. **Black Diamant Environmental**  
Outside institution, entity, private business or person in which the Covered Person has a personal or business interest for which disclosure is required in the above section

**Owner**

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

**1178 S 300 E, Salt Lake City, Utah, 84111 (801) 926-1858**

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 a licensed Asbestos Inspector and business owner at Black Diamant Environmental. I have a license from SLCO as a Predemolition Building Inspector. I am subject to following SLCO rules and regulations when doing pre-demolition building inspections.

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

Signed on the 30 day of January, 2023  
Date Month Year

Murray, Utah, USA  
at City or other location, and state or county

Rachel Black

Printed Name

**Rachel Black** Digitally signed by Rachel Black  
Date: 2023.01.30 13:10:39 -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

(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. **Raul Garcia** **Community Health Division** **8015418768**  
Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone  
**7971 South 1825 West, West Jordan, Utah 84088**

Covered Person's County Address/Volunteer's Address

B. **U.S. Department of Health and Human Services**  
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

**Federal Intermittent Emergency Response**

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

**8833 South 580 East, Sandy, Utah 84070**

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

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

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

Federal intermittent emergency responder with the Utah Disaster Medical Assistance Team (DMAT). Official orders and missions are coordinated with federal, state, and local entities. Team response is according to the need of the major disaster declaration, public health and medical emergency, and event of national significance. Assignment and deployment orders are under the federal authority of the U.S. Department of Health and Human Services, (DHHS), Office of the Administration for Strategic Preparedness and Response (ASPR), National Disaster Medical System (NDMS). Deployment assignment is typically 2-3 weeks depending on the event and extent of national disaster declaration, and regional/local personnel need. Right to deploy and position is covered under the Uniformed Services Employment and Reemployment Rights Act (USERRA).

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

Signed on the 6 day of February, 2023  
Date Month Year

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

Raul Garcia

Printed Name

**Raul Garcia**

Digitally signed by Raul Garcia  
Date: 2023.02.06 10:51:10 -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

(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. **Tiffany Anderson Health Educator, PAT/Clinical Services** **385-285-8721**  
Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone  
**7971 S 1825 W, West Jordan, UT 84088**

Covered Person's County Address/Volunteer's Address

B. **Anderson Therapeutics**  
Outside institution, entity, private business or person in which the Covered Person has a personal or business interest for which disclosure is required in the above section

**Founder**

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

**P.O. Box 528, Midvale, UT 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.)*

Web based business offering education, resources, and support for older adults managing chronic illness and/or artificial joints. Writer/author managing website, weekly blog, and ghost writing opportunities.

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

Signed on the 31 day of January, 2023  
Date Month Year

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

Tiffany Anderson

Printed Name

**Tiffany Anderson** Digitally signed by Tiffany Anderson  
Date: 2023.01.31 11:10:07 -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.***