

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

**Michelle
Hicks**
Digitally signed by
Michelle Hicks
Date: 2023.02.21
09:25:17 -07'00'
Mayor's Office Designee

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
610 S 200 E Salt Lake City, UT 84111

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
 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

(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. 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

(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. Kevin Okleberry Emergency Response Coordinator, Environmental Hea 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

Murray, Salt Lake, Utah
at 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

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. 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

at Murray
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

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. 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.