## 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*.)

Covered Person Position, or County Division for which you are employed or volunteering 2001 S. State St, #N2-200, SLC 84190  Covered Person's County Address/Volunteer's Address  State of Utah  Outside institution, entity, private business or person in which the Covered Person has a personal or busines is required in the above section  Employed as Senior Advisor to the Governor  Covered person's status, relationship or commitment to the institution, entity, business or person named about 350 N. State St, #200, SLC UT 84114  Address and phone number of the institution, entity, business or person named above  Select the category that applies to yourself and the outside institution, entity, business or person identified in the category that applies to yourself and the outside institution, entity, business or person identified in the category that applies to yourself and the outside institution, entity, business or person identified in the category that applies to yourself and the outside institution, entity, business or person identified in the category that applies to yourself and the outside institution, entity, business or person identified in the category that applies to yourself and the outside institution, entity, business or person identified in the category that applies to yourself and the outside institution, entity, business or person identified in the category that applies to yourself and the outside institution, entity, business or person identified in the category that applies to yourself and the outside institution, entity, business or person identified in the category that applies to yourself and the outside institution, entity, business or person identified in the category that applies to yourself and the outside institution, entity, business or person identified in the category that applies to yourself and the outside institution, entity, business or person identified in the category that applies to yourself and the category that applies to yourself and the category that applies to yourself and the	
Covered Person's County Address/Volunteer's Address  State of Utah  Outside institution, entity, private business or person in which the Covered Person has a personal or business is required in the above section  Employed as Senior Advisor to the Governor  Covered person's status, relationship or commitment to the institution, entity, business or person named about 350 N. State St, #200, SLC UT 84114  Address and phone number of the institution, entity, business or person named above	County/Volunteer's Phone
State of Utah  Outside institution, entity, private business or person in which the Covered Person has a personal or business is required in the above section  Employed as Senior Advisor to the Governor  Covered person's status, relationship or commitment to the institution, entity, business or person named about 350 N. State St, #200, SLC UT 84114  Address and phone number of the institution, entity, business or person named above	
Outside institution, entity, private business or person in which the Covered Person has a personal or business is required in the above section  Employed as Senior Advisor to the Governor  Covered person's status, relationship or commitment to the institution, entity, business or person named about 350 N. State St, #200, SLC UT 84114  Address and phone number of the institution, entity, business or person named above	
Employed as Senior Advisor to the Governor  Covered person's status, relationship or commitment to the institution, entity, business or person named about 350 N. State St, #200, SLC UT 84114  Address and phone number of the institution, entity, business or person named above	
Covered person's status, relationship or commitment to the institution, entity, business or person named about 350 N. State St, #200, SLC UT 84114  Address and phone number of the institution, entity, business or person named above	s interest for which disclosure
350 N. State St, #200, SLC UT 84114  Address and phone number of the institution, entity, business or person named above	
Address and phone number of the institution, entity, business or person named above	ve
Select the category that applies to yourself and the outside institution, entity, business or person identified	
	in subsection (R) above:
I receive or have agreed to receive compensation for assisting a person or business entity in a transaction	
I am an officer, director, agent, employee or the owner of a substantial interest in a business entity that	-
Lake County.	is subject to the regulation of Sa
I am an officer, director, agent, employee or owner of a substantial interest in a business entity that doe Salt Lake County.	-
I hold an investment or other financial interest that creates a potential or actual conflict with my public I hold a personal interest that creates a potential or actual conflict with my public duties.	c duties.
None of the above categories apply.	
Give a detailed description of the actual or potential conflicts of interest identified above, i.e., the nature of t entity or person with the County. Use more sheets if necessary. ( <i>This disclosure statement will not be acce is completed.</i> )	
I am employed to work 30 hours per week for the State of Utah. I don't anticipate this becoming am disclosing this out of an abudance of caution.	a conflict of interest, but
eclare under criminal penalty under the law of Utah that the foregoing is true and correct.	
gned on the $\frac{12}{\text{Date}}$ day of $\frac{\text{January}}{\text{Month}}$ , $\frac{2025}{\text{Year}}$ ,	
Taylorsville, Utah	
City or other location, and state or county	
mee Winder Newton	
nted Name	
Ame Minder Mentor	

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