

**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. Emma E. Houston Mayor's Office 385-468-7014  
Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone  
908 East Elgin Avenue Salt Lake City, Utah 84106  
Covered Person's County Address/Volunteer's Address

B. Brighter Day Productions, 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  
Owner & CEO  
Covered person's status, relationship or commitment to the institution, entity, business or person named above  
P.O. Box 521206 Salt Lake City, Utah 84152 801-557-0867  
Address and phone number of the institution, entity, business or person named above

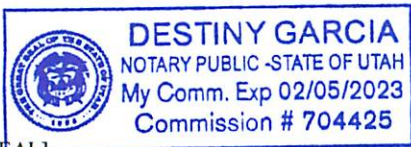
- C. Select the category that applies to yourself and the outside institution, entity, business or person identified in subsection (B) above:
- I receive or have agreed to receive compensation for assisting a person or business entity in a transaction involving Salt Lake County.
  - I am an officer, director, agent, employee or the owner of a substantial interest in a business entity that is subject to the regulation of Salt Lake County.
  - I am an officer, director, agent, employee or owner of a substantial interest in a business entity that does or anticipates doing business with Salt Lake County.
  - I hold an investment or other financial interest that creates a potential or actual conflict with my public duties.
  - I hold a personal interest that creates a potential or actual conflict with my public duties.

D. Give a detailed description of the actual or potential conflicts of interest identified above, i.e., the nature of the relationship of each business entity or person with the County. Use more sheets if necessary. *(This disclosure statement will not be accepted as valid unless this section is completed.)*  
*Responsible for the creative, technical, and logistical elements. This includes overall event design, brand building, marketing and communication strategy, audio-visual production, script writing, logistics, budgeting, negotiation, and client service*

Emma E Houston

Covered Person's Signature

SUBSCRIBED and SWORN to before me this 3 day of July, 2019.



[SEAL]

D Garcia

NOTARY PUBLIC, Residing in

salt lake county Ut  
County State

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Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone  
908 East Elgin Avenue Salt Lake City, Utah 84106  
Covered Person's County Address/Volunteer's Address

B. Alpha Kappa Alpha Sorority, Incorporated - Upsilon Beta Omega Chapter  
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  
Chapter Vice President  
Covered person's status, relationship or commitment to the institution, entity, business or person named above  
P.O. Box 271041 Salt Lake City, Utah 84127 801-557-0867  
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:
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*Act reasonably and in good faith. Consider the best interest of the organization and its members. Place the interest of the organization first. Act within the scope of the law. Follow the rules and regulations that apply to the organization.*

Emma E. Houston  
Covered Person's Signature

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

\_\_\_\_\_  
NOTARY PUBLIC, Residing in

[SEAL]

\_\_\_\_\_  
County State

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Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone  
908 East Elgin Avenue Salt Lake City, Utah 84106  
Covered Person's County Address/Volunteer's Address

B. Anne Stirba Cancer 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  
Advocate Spokesperson  
Covered person's status, relationship or commitment to the institution, entity, business or person named above  
215 South State Street #750 Salt Lake City, Utah 84111 801-364-8300  
Address and phone number of the institution, entity, business or person named above

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*Volunteer advocate and spokesperson for Judges Run for Anne Stirba Cancer Foundation and Night off from Cancer Celebration.*

  
Covered Person's Signature

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

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NOTARY PUBLIC, Residing in

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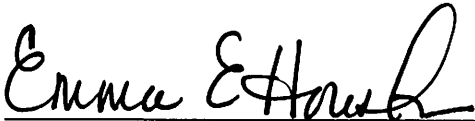
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Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone  
908 East Elgin Avenue Salt Lake City, Utah 84106  
Covered Person's County Address/Volunteer's Address

B. Community Advisory Board (CAB) - Huntsman Cancer Institute  
Outside institution, entity, private business or person in which the Covered Person has a personal or business interest for which disclosure is required in the above section  
Advisory Board Member  
Covered person's status, relationship or commitment to the institution, entity, business or person named above  
2000 Circle of Hope Salt Lake City, Utah 84112 801-581-4485  
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:
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*Act reasonably and in good faith. Consider the best interest of the organization and its members. Place the interest of the organization first. Act within the scope of the law. Follow the rules and regulations that apply to the organization.*  
Volunteer advocate for the Cancer Advisory Committee for Huntsman Cancer Institute. Provides input and recommendations for cancer patients along with strategic and inclusive community input regarding local and regional factors that impact HCI's mission.

  
Covered Person's Signature

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

\_\_\_\_\_  
NOTARY PUBLIC, Residing in  
\_\_\_\_\_  
County State

[SEAL]

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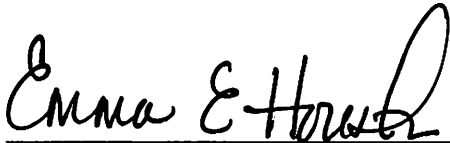
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908 East Elgin Avenue Salt Lake City, Utah 84106  
Covered Person's County Address/Volunteer's Address

B. Huntsman Cancer Institute  
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  
Advocate Spokesperson  
Covered person's status, relationship or commitment to the institution, entity, business or person named above  
2000 Circle of Hope Salt Lake City, Utah 84112  
Address and phone number of the institution, entity, business or person named above

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*Volunteer advocate and spokesperson for Huntsman Cancer Foundation*

  
Covered Person's Signature

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\_\_\_\_\_  
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Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone  
908 East Elgin Avenue Salt Lake City, Utah 84106  
Covered Person's County Address/Volunteer's Address

B. International Disaster Relief Committee  
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

Committee Member  
Covered person's status, relationship or commitment to the institution, entity, business or person named above  
Address and phone number of the institution, entity, business or person named above  
Alpha Kappa Alpha Sorority, Incorporated 5656 South Stony Island Avenue- Chicago, Illinois 60637

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.
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Act reasonably and in good faith. Consider the best interest of the organization and its members. Place the interest of the organization first. Act within the scope of the law. Follow the rules and regulations that apply to the organization.  
As a member of the International Disaster Relief Committee, I have the responsibility to ensure that the committee does the best work possible in pursuit of its goals and to design curriculum and training to ensure members are adequately prepared should disaster strike.



Covered Person's Signature

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

\_\_\_\_\_  
NOTARY PUBLIC, Residing in

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Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone  
908 East Elgin Avenue Salt Lake City, Utah 84106  
Covered Person's County Address/Volunteer's Address

B. KUED - 7 Utah's PBS Station  
Outside institution, entity, private business or person in which the Covered Person has a personal or business interest for which disclosure is required in the above section  
Advisory Board Member  
Covered person's status, relationship or commitment to the institution, entity, business or person named above  
101 Wasatch Drive - Salt Lake City, Utah 84112  
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:
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**Assist KUED-7 to be a community resource that is trusted, valued and essential.**

Emma E. Houston  
Covered Person's Signature

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NOTARY PUBLIC, Residing in

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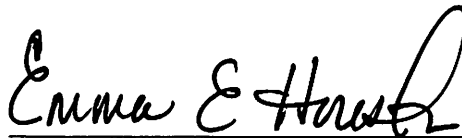
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Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone  
908 East Elgin Avenue Salt Lake City, Utah 84106  
Covered Person's County Address/Volunteer's Address

B. The HistoryMakers  
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  
1900 S. Michigan Avenue Chicago, Illinois 60616 312-674-1900  
Address and phone number of the institution, entity, business or person named above

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Covered Person's Signature

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Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone  
908 East Elgin Avenue Salt Lake City, Utah 84106  
Covered Person's County Address/Volunteer's Address

B. Pastor France A. Davis Scholarship 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  
Development Director  
Covered person's status, relationship or commitment to the institution, entity, business or person named above  
1090 South State Street Salt Lake City, Utah 84127 801-355-1025  
Address and phone number of the institution, entity, business or person named above

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Emma E Houston  
Covered Person's Signature

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Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone  
908 East Elgin Avenue Salt Lake City, Utah 84106  
Covered Person's County Address/Volunteer's Address

B. Utah Diversity Network  
Outside institution, entity, private business or person in which the Covered Person has a personal or business interest for which disclosure is required in the above section  
Advisory Board Member  
Covered person's status, relationship or commitment to the institution, entity, business or person named above  
Salt Lake City, Utah  
Address and phone number of the institution, entity, business or person named above

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**Assist Utah businesses in building diverse workforces and with diverse employees seeking supportive employers. Identify and produce resources for both employers and employees to help promote the "business case" for a diverse workforce. Recognize employers that have built a diverse workforce through the Utah Diversity Awards presented annually in conjunction with the Utah chapter of SHRM.**

Emma E Houston  
Covered Person's Signature

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

\_\_\_\_\_  
NOTARY PUBLIC, Residing in  
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908 East Elgin Avenue Salt Lake City, Utah 84106  
Covered Person's County Address/Volunteer's Address

B. Utah Martin Luther King Commission  
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/Board Chair  
Covered person's status, relationship or commitment to the institution, entity, business or person named above  
300 S. Rio Grande Street - Salt Lake City, Utah 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.

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.)*  
*Act reasonably and in good faith. Consider the best interest of the organization and its members. Place the interest of the organization first. Act within the scope of the law. Follow the rules and regulations that apply to the organization.*

  
Covered Person's Signature

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

\_\_\_\_\_  
NOTARY PUBLIC, Residing in

[SEAL]

\_\_\_\_\_  
County State

*This statement is a public document. It must be filed with the covered person's immediate supervisor, volunteer or community liaison, division director, department director or elected official, and the County Council. It must be filed when the potential conflict arises and re-filed every January, as long as the potential conflict 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. Emma E. Houston Mayor's Office 385-468-7014  
Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone  
908 East Elgin Avenue Salt Lake City, Utah 84106  
Covered Person's County Address/Volunteer's Address

B. You Got This! - Interfaith Women 's Conference  
Outside institution, entity, private business or person in which the Covered Person has a personal or business interest for which disclosure is required in the above section  
Advisory Board Member  
Covered person's status, relationship or commitment to the institution, entity, business or person named above  
Address and phone number of the institution, entity, business or person named above  
416 West 650 South, Vernal, Utah 84078

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

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

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

*Act reasonably and in good faith. Consider the best interest of the organization and its members. Place the interest of the organization first. Act within the scope of the law. Follow the rules and regulations that apply to the organization.*

**As a member of the Board of Directors of You Got This Interfaith Women's Conference, I have a the responsibility to ensure that the organization does the best work possible in pursuit of its goals and to interpret the organization's work and values to the community.**



Covered Person's Signature

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

\_\_\_\_\_  
NOTARY PUBLIC, Residing in

[SEAL]

\_\_\_\_\_  
County State

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