

8.93

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 M DeLuandro Council Fiscal Manager 385.468.7461
Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone
3450 E Ranch View Dr Millcreek UT 84124
Covered Person's County Address/Volunteer's Address

B. NONE
Outside institution, entity, private business or person in which the Covered Person has a personal or business interest for which disclosure is required in the above section

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

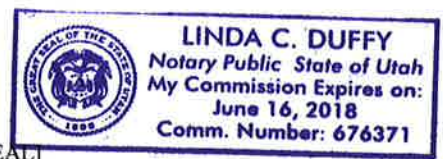
Address and phone number of the institution, entity, business or person named above

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

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

David M DeLuandro
Covered Person's Signature

SUBSCRIBED and SWORN to before me this 31 day of January, 2018.



[SEAL]

Linda C Duffy
NOTARY PUBLIC, Residing in
Salt Lake County Utah 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.

Mayor's Office: Council Agenda Item Request Form
*This form and supporting documents (if applicable) are due the Wednesday
before the COW meeting by noon.*

Date Received (office use)	01/31/18
--------------------------------------	----------

Date of Request	01/31/18
Requesting Staff Member	Karen Crompton
Requested Council Date	02.06.18
Topic/Discussion Title	Disclosure Statements
Description	Attached are the disclosure statements from the following departments/divisions: Human Services Department Behavioral Health Services Aging and Adult Services Criminal Justice Services Board of Health Health Department Youth Services
Requested Action¹	Consent
Presenter(s)	N/A
Time Needed²	<5
Time Sensitive³	No
Specific Time(s)⁴	No
Please attach the supporting documentation you plan to provide for the packets to this form. While not ideal, if supporting documents are not yet ready, you can still submit them by 10 am the Friday morning prior to the COW agenda. Items without documentation may be taken off for consideration at that COW meeting.	

Mayor or Designee approval: _____

Elin J. Huack

¹ What you will ask the Council to do (e.g., discussion only, appropriate money, adopt policy/ordinance) – in specific terms.

² Assumed to be 10 minutes unless otherwise specified.

³ Urgency that the topic to scheduled on the requested date.

⁴ If important to schedule at a specific time, list a few preferred times.



Ben McAdams
Salt Lake County Mayor

**DEPARTMENT OF
HUMAN SERVICES**

Karen Crompton
Department Director

HUMAN SERVICES DIVISIONS

AGING SERVICES

BEHAVIORAL HEALTH SERVICES

CRIMINAL JUSTICE SERVICES

HEALTH DEPARTMENT

YOUTH SERVICES

USU EXTENSION

To: County Council
From: Department of Human Services
Date: January 29, 2018
Re: 2018 Conflict of Interest Form Submissions

Per Countywide Policy 1430, we are submitting the Conflict of Interest Disclosure forms for the following staff. You will find the completed forms attached.

Human Services Department

- Karen Crompton (3)

Behavioral Health Services

- Brad Hammel (1)
- Vicky Westmoreland (1)
- Charles Ray Barren (1)

Regards,

A handwritten signature in cursive script that reads 'Karen Crompton'.

Karen Crompton
Department Director

**SALT LAKE COUNTY
GOVERNMENT CENTER**

2001 South State St., Ste. N3200
Salt Lake City, UT 84190-2000
Phone (385) 468-7060
Fax (385) 468-7072
TTY: 7-1-1

DISCLOSURE OF PRIVATE BUSINESS INTERESTS (Use one form for each outside business entity, institution, or person involved.)

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

A.

Karen Crompton	Director Human Services	385-468-7061
Covered Person*	Position* or County Division	County Phone

2001 S. State Street, N3-200 Salt Lake City, UT 84190
Covered Person's County Address

B.

Utah Community Action
Outside institution, entity, private business or person involved

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

Outside institution, entity, business or person's address and phone number


C. Describe below the nature of the assistance you are providing to the institution, entity, private business or person named above, or describe the nature of the economic interest or employment you hold in the private business. Also describe the relationship with or transaction between the business, institution, person, etc. and Salt Lake County. Use more sheets if necessary. *(This disclosure statement will not be accepted as valid unless this section is completed.)*

Board member, no compensation.

Karen Crompton
 Covered Person's Signature

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

[SEAL]

 INA LANDRY NOTARY PUBLIC - STATE OF UTAH My Comm. Exp 06/07/2020 Commission # 690406

<i>Ina Landry</i>
NOTARY PUBLIC, Residing in

<i>Salt Lake County</i>	UT
County	State

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

"Covered person" means any person appointed to any statutory office or position or any other person appointed to any position of employment with Salt Lake County. "Covered person" includes, but is not limited to, persons serving on special, regular or full-time committees, agencies, or boards whether or not such persons are compensated for their services.

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

DISCLOSURE OF PRIVATE BUSINESS INTERESTS (Use one form for each outside business entity, institution, or person involved.)

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

A.

Karen Crompton	Director Human Services	385-468-7061
Covered Person*	Position* or County Division	County Phone

2001 S. State Street, N3-200 Salt Lake City, UT 84190
Covered Person's County Address

B.

Envision Utah
Outside institution, entity, private business or person involved

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

Outside institution, entity, business or person's address and phone number

C. Describe below the nature of the assistance you are providing to the institution, entity, private business or person named above, or describe the nature of the economic interest or employment you hold in the private business. Also describe the relationship with or transaction between the business, institution, person, etc. and Salt Lake County. Use more sheets if necessary. *(This disclosure statement will not be accepted as valid unless this section is completed.)*

Board member, no compensation.

Karen Crompton
 Covered Person's Signature

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



Ina Landry
 NOTARY PUBLIC, Residing in

Salt Lake County UT
 County State

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

*"Covered person" means any person appointed to any statutory office or position or any other person appointed to any position of employment with Salt Lake County. "Covered person" includes, but is not limited to, persons serving on special, regular or full-time committees, agencies, or boards whether or not such persons are compensated for their services.

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

DISCLOSURE OF PRIVATE BUSINESS INTERESTS (Use one form for each outside business entity, institution, or person involved.)

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

A.

Karen Crompton	Director Human Services	385-468-7061
Covered Person*	Position* or County Division	County Phone

2001 S. State Street, N3-200 Salt Lake City, UT 84190
Covered Person's County Address

B.

Children's Justice Center
Outside institution, entity, private business or person involved

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

Outside institution, entity, business or person's address and phone number

C. Describe below the nature of the assistance you are providing to the institution, entity, private business or person named above, or describe the nature of the economic interest or employment you hold in the private business. Also describe the relationship with or transaction between the business, institution, person, etc. and Salt Lake County. Use more sheets if necessary. *(This disclosure statement will not be accepted as valid unless this section is completed.)*

Board member, no compensation.

Karen Crompton
Covered Person's Signature

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



Ina Landry
NOTARY PUBLIC, Residing in

Salt Lake County UT
County State

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

*"Covered person" means any person appointed to any statutory office or position or any other person appointed to any position of employment with Salt Lake County. "Covered person" includes, but is not limited to, persons serving on special, regular or full-time committees, agencies, or boards whether or not such persons are compensated for their services.

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

DISCLOSURE OF PRIVATE BUSINESS INTERESTS (Use one form for each outside business entity, institution, or person involved.)

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

A. BRAD HAMMEL Behavioral Health
 Covered Person* Position* or County Division County Phone

S-2300
 Covered Person's County Address

B. BLOMQUISTHALE EMPLOYEE ASSISTANCE PROGRAM
 Outside institution, entity, private business or person involved

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

4500 SOUTH 860 EAST MURRAY, UTAH
 Outside institution, entity, business or person's address and phone number

C. Describe below the nature of the assistance you are providing to the institution, entity, private business or person named above, or describe the nature of the economic interest or employment you hold in the private business. Also describe the relationship with or transaction between the business, institution, person, etc. and Salt Lake County. Use more sheets if necessary. (This disclosure statement will not be accepted as valid unless this section is completed.)

PART TIME THERAPIST WORK TWO EVENINGS A WEEK @ SATURDAYS

Brad Hammel
 Covered Person's Signature

SUBSCRIBED and SWORN to before me this 16th day of January, 2018.



Eve Martinez
 NOTARY PUBLIC, Residing in

Salt Lake County Utah
 County State

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

**"Covered person" means any person appointed to any statutory office or position or any other person appointed to any position of employment with Salt Lake County. "Covered person" includes, but is not limited to, persons serving on special, regular or full-time committees, agencies, or boards whether or not such persons are compensated for their services.

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

DISCLOSURE OF PRIVATE BUSINESS INTERESTS (Use one form for each outside business entity, institution, or person involved.)

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

A. Vicky Westmoreland DHS QA coordinator 385 468 4722
 Covered Person* Position* or County Division County Phone

2001 South State Street SL-300 PO Box 144575 SLL UT 84190-2150
 Covered Person's County Address

B. Family Counseling Center
 Outside institution, entity, private business or person involved

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

4500 South 650 East Murray UT 84107 801 261 3500
 Outside institution, entity, business or person's address and phone number

C. Describe below the nature of the assistance you are providing to the institution, entity, private business or person named above, or describe the nature of the economic interest or employment you hold in the private business. Also describe the relationship with or transaction between the business, institution, person, etc. and Salt Lake County. Use more sheets if necessary. (This disclosure statement will not be accepted as valid unless this section is completed.)

I continue to see a client for therapy 1x per month at this agency.

VW
 Covered Person's Signature

SUBSCRIBED and SWORN to before me this 5th day of December, 2019.



Eve Martinez
 NOTARY PUBLIC, Residing In
Salt Lake Utah
 County State

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

*"Covered person" means any person appointed to any statutory office or position or any other person appointed to any position of employment with Salt Lake County. "Covered person" includes, but is not limited to, persons serving on special, regular or full-time committees, agencies, or boards whether or not such persons are compensated for their services.

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

CTO

DISCLOSURE OF PRIVATE BUSINESS INTERESTS (Use one form for each outside business entity, institution, or person involved.)

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

A. CHARLES RAY BARRON BEHAVIORAL HEALTH 385 4684726
 Covered Person* Position* or County Division County Phone

2001 S STATE ST SUITE 2300, SEC, UT 84190
 Covered Person's County Address

B. LIFE LINE BEHAVIORAL HEALTH
 Outside institution, entity, private business or person involved

CONTROLLED BY ID 420 D WBB C
 Describe covered person's status, employment or investment in the outside institution, entity, private business, or personal contract

1130 CENTER ST NORTH SALT LAKE, UT 936 4000
 Outside institution, entity, business or person's address and phone number

C. Describe below the nature of the assistance you are providing to the institution, entity, private business or person named above, or describe the nature of the economic interest or employment you hold in the private business. Also describe the relationship with or transaction between the business, institution, person, etc. and Salt Lake County. Use more sheets if necessary. (This disclosure statement will not be accepted as valid unless this section is completed.)

SUPERVISE & BOOKKEEP, RECORD BILLING, PAYROLL AND FINANCIAL STATEMENTS. COMPILER STATEMENT FOR BUSINESS TAXES

[Signature]
 Covered Person's Signature

SUBSCRIBED and SWORN to before me this 25 day of January, 2018.



Eve Martinez
 NOTARY PUBLIC, Residing in

Salt Lake Utah
 County State

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

**Covered person" means any person appointed to any statutory office or position or any other person appointed to any position of employment with Salt Lake County. "Covered person" includes, but is not limited to, persons serving on special, regular or full-time committees, agencies, or boards whether or not such persons are compensated for their services.

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



MEMORANDUM

Date: January 24, 2017
To: Karen Crompton, Human Services Director
From: Paul Leggett
Subject: Annual Conflict of Interest Statements – Aging and Adult Services

Ben McAdams
Salt Lake County Mayor

AGING & ADULT SERVICES

Karen Crompton
Department Director
Human Services

Paul Leggett
Division Director
Aging & Adult Services

Attached please find Disclosure Statements for the following Aging and Adult Services Staff:

Afton January
Arla Vivona
Emily Donaldson
Janet Frick
Jeremy Hart
Ken Donarski

Paul Leggett
Rachel Stoddard
Stacy Suzuki
Toni Wardle
Vada "Jill" Roberts

Thank you,

A handwritten signature in cursive script that reads 'Paul Leggett'.

Paul Leggett

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. Afton January Communications Manager 385-468-3189
Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone
2001 S State Street, Suite S1-600
Covered Person's County Address/Volunteer's Address

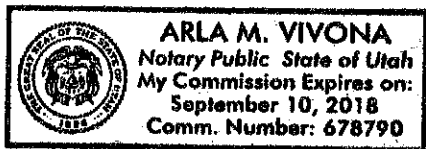
B. Utahns Against Hunger
Outside institution, entity, private business or person in which the Covered Person has a personal or business interest for which disclosure is required in the above section
Member, Board of Directors (volunteer/unpaid)
Covered person's status, relationship or commitment to the institution, entity, business or person named above
764 200 W, Salt Lake City, UT 84101 (801) 328-2561
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.)

[Signature]
Covered Person's Signature

SUBSCRIBED and SWORN to before me this 16 day of January, 2018.

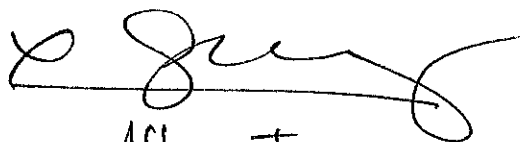


[SEAL]

Arla M. Vivona
NOTARY PUBLIC, Residing in
Salt Lake UT
County State

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

I serve as a member of the board of directors of Utahns Against Hunger, a 501c3 nonprofit operating in Salt Lake City. This is an unpaid volunteer position. My role is to provide support and advice to the Executive Director and other board members, and entails a fiduciary duty to the organization.



Allan Janway

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. Arla Vivona Fiscal Coordinator, Aging and Adult Services 385-468-3177
Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone
2001 South State Street Ste. S1-600 Salt Lake City, UT 84190
Covered Person's County Address/Volunteer's Address

B. No private business affiliation, personal services only
Outside institution, entity, private business or person in which the Covered Person has a personal or business interest for which disclosure is required in the above section

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

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

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

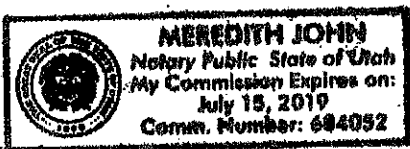
- I receive or have agreed to receive compensation for assisting a person or business entity in a transaction involving Salt Lake County.
- I am an officer, director, agent, employee or the owner of a substantial interest in a business entity that is subject to the regulation of Salt Lake County.
- I am an officer, director, agent, employee or owner of a substantial interest in a business entity that does or anticipates doing business with Salt Lake County.
- I hold an investment or other financial interest that creates a potential or actual conflict with my public duties.
- I hold a personal interest that creates a ~~potential or actual~~ no 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.)

Occasionally provide clothing alteration services for coworkers.

Arla Vivona
Covered Person's Signature

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



Meredith John
NOTARY PUBLIC, Residing in
Salt Lake City, UT
County State

[SEAL]

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 PRIVATE BUSINESS INTERESTS (Use one form for each outside business entity, institution, or person involved.)

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

A. Emily Donaldson Agmg + Adult Services Liberty Senior Center 385-468-3168
Covered Person* Position* or County Division County Phone
251 E 700 S, Salt Lake City, UT 84111
Covered Person's County Address

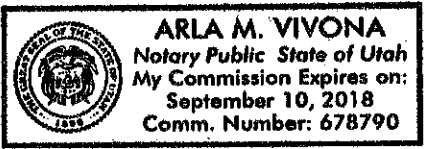
B. The Rape Recovery Center
Outside institution, entity, private business or person involved
Volunteer - help with annual fundraising gala
Describe covered person's status, employment or investment in the outside institution, entity, private business, or personal contract
2035 S 1300 E, Salt Lake City, UT 84105 801-467-7282
Outside institution, entity, business or person's address and phone number

C. Describe below the nature of the assistance you are providing to the institution, entity, private business or person named above, or describe the nature of the economic interest or employment you hold in the private business. Also describe the relationship with or transaction between the business, institution, person, etc. and Salt Lake County. Use more sheets if necessary. (This disclosure statement will not be accepted as valid unless this section is completed.)

Assist in soliciting item donations for the annual fundraising gala. Assist in a variety of tasks as needed preparing fundraising gala. This may conflict with Salt Lake County in that the organization receives some government funding and in that I am publicly involved in this cause. I do not believe there will be a conflict.

Emily D
Covered Person's Signature

SUBSCRIBED and SWORN to before me this 12 day of Oct, 2017.



[SEAL]

Salt Lake UT
NOTARY PUBLIC, Residing in
Salt Lake Ut
County State

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

*"Covered person" means any person appointed to any statutory office or position or any other person appointed to any position of employment with Salt Lake County. "Covered person" includes, but is not limited to, persons serving on special, regular or full-time committees, agencies, or boards whether or not such persons are compensated for their services.

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

DISCLOSURE OF 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. Arla Vivona Fiscal Coordinator, Aging and Adult Services 385-468-3177
Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone
2001 South State Street Ste. S1-600 Salt Lake City, UT 84190
Covered Person's County Address/Volunteer's Address

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

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

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

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

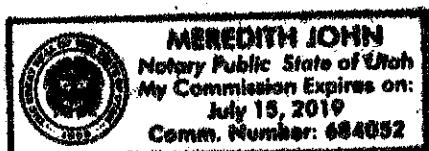
- I receive or have agreed to receive compensation for assisting a person or business entity in a transaction involving Salt Lake County.
- I am an officer, director, agent, employee or the owner of a substantial interest in a business entity that is subject to the regulation of Salt Lake County.
- I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

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

Occasionally provide clothing alteration services for coworkers.

Arla Vivona
Covered Person's Signature

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



[SEAL]

Meredith John
NOTARY PUBLIC, Residing in
Salt Lake City, UT
County State

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

22

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. Janet Frick Volunteer Coordinator 385-468-3201
Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone

71 Acorn Drive City of North Salt Lake
Covered Person's County Address/Volunteer's Address

B. # Utah Aging Alliance #2 Art Access
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 President #2 Contracted Event Coordinator
Covered person's status, relationship or commitment to the institution, entity, business or person named above

#1 P.O. Box 521569, SLC, UT 84152-1569 (801)-936-0755 #2 230 South 500 West
Address and phone number of the institution, entity, business or person named above #110 S. Utah, SLC, UT. 801-328-0703

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

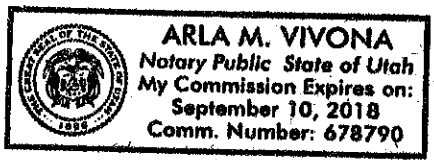
- I receive or have agreed to receive compensation for assisting a person or business entity in a transaction involving Salt Lake County.
- I am an officer, director, agent, employee or the owner of a substantial interest in a business entity that is subject to the regulation of Salt Lake County.
- I 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.)

#1 UAA is a volunteer board carrying out their mission the exchange of ideas & information about aging. We hold a state conference to promote knowledge of aging through research to the general public.
#2 Art Access, I coordinate their youth art booth at the Utah Arts Festival, to encourage youth to participate in the arts

Janet Frick
Covered Person's Signature

SUBSCRIBED and SWORN to before me this 22 day of January, 2018



[SEAL]

Arla M. Vivona
NOTARY PUBLIC, Residing in
Salt Lake UT
County State

This statement is a public document. It must be filed with the covered person's immediate supervisor, volunteer or community liaison, division director, department director or elected official, and the County Council. It must be filed when the potential conflict arises and re-filed every January, as long as the potential conflict 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. JEREMY HART AGING & ADULT SERVICES X 83258
Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone
2001 S STATE STREET SLC UTAH 84114
Covered Person's County Address/Volunteer's Address

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

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

6975 S UNION PARK CENTER #320 MIDVALE UTAH 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:

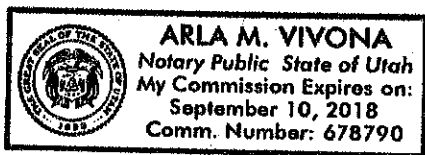
- I receive or have agreed to receive compensation for assisting a person or business entity in a transaction involving Salt Lake County.
- I am an officer, director, agent, employee or the owner of a substantial interest in a business entity that is subject to the regulation of Salt Lake County.
- I 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.

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.)

AARP FOCUSES ON ADVOCACY FOR OLDER ADULTS

[Signature]
Covered Person's Signature

SUBSCRIBED and SWORN to before me this 16 day of January, 2018.



[SEAL]

Arla M. Vivona
NOTARY PUBLIC, Residing in
Salt Lake UT
County State

This statement is a public document. It must be filed with the covered person's immediate supervisor, volunteer or community liaison, division director, department director or elected official, and the County Council. It must be filed when the potential conflict arises and re-filed every January, as long as the potential conflict 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. Kenneth M Donarski Center Manager Active Aging 385-468-3351
 Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone

755 South Main Midvale, VT 84047
 Covered Person's County Address/Volunteer's Address

B. TAYLORSVILLE CITY
 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

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

2600 TAYLORSVILLE BLVD TAYLORSVILLE VT 84126
 Address and phone number of the institution, entity, business or person named above

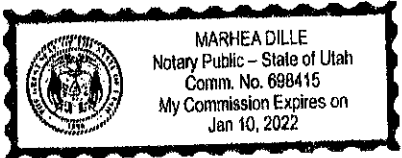
- C. Select the category that applies to yourself and the outside institution, entity, business or person identified in subsection (B) above:
- I receive or have agreed to receive compensation for assisting a person or business entity in a transaction involving Salt Lake County.
 - I am an officer, director, 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.)

Assist Taylorsville with their CDBG & HOME funds. The HOME funds come through the County Consortium.

[Signature]
 Covered Person's Signature

SUBSCRIBED and SWORN to before me this 19 day of January, 2018.



Marhea Dille
 NOTARY PUBLIC, Residing in
SLC Utah
 County State

[SEAL]

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. Paul Leggett Division Director - Aging Services 385 4683290
Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone

11497 S Kestrel Rise Road, South Jordan, UT 84009
Covered Person's County Address/Volunteer's Address

B. Alzheimer's Association, Utah Commission on Volunteers
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

Alzheimer's Association - Board Member, Utah Commission on Volunteers - Commissioner
Covered person's status, relationship or commitment to the institution, entity, business or person named above

AA: 855 48005, Murray, UT 84107, UCOV: 300 South Rio Grand Est, SCL, UT 84101
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:

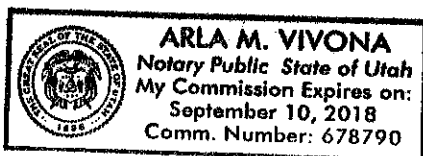
- I receive or have agreed to receive compensation for assisting a person or business entity in a transaction involving Salt Lake County.
- I am an officer, director, agent, employee or the owner of a substantial interest in a business entity that is subject to the regulation of Salt Lake County.
- I 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.)

Alzheimer's Association - I am a member of the board and as such am involved in conversations and decisions that impact older adults in SCLC
Commission on Volunteers - I am an appointed commissioner and as such am involved in discussions about volunteer service. This sometimes includes funding decisions for National Service (NCS) grant, however I recuse myself if needed.

Paul Leggett
Covered Person's Signature

SUBSCRIBED and SWORN to before me this 17 day of January, 2018.



Arla M. Vivona
NOTARY PUBLIC, Residing in
Salt Lake UT
County State

[SEAL]

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 Stoddard Case Manager - CCTP 385-468-3274
 Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone
2001 S. State Street Ste 51-600 SLU UT 84114
 Covered Person's County Address/Volunteer's Address

B. Social Work Licensing Board
 Outside institution, entity, private business or person in which the Covered Person has a personal or business interest for which disclosure is required in the above section
Member of Board
 Covered person's status, relationship or commitment to the institution, entity, business or person named above
1100 E 300 S. SLU UT 8010-275-3475
 Address and phone number of the institution, entity, business or person named above

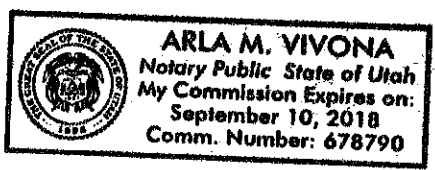
- C. Select the category that applies to yourself and the outside institution, entity, business or person identified in subsection (B) above:
- I receive or have agreed to receive compensation for assisting a person or business entity in a transaction involving Salt Lake County.
 - I am an officer, director, 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.)

Serving on the social work board we monitor and advise social workers who are on probation or are being monitored by the board. I am not involved in any transactions or decisions effecting SLCO.

[Signature]
 Covered Person's Signature

SUBSCRIBED and SWORN to before me this 17 day of January, 2018.



Arla M. Vivona
 NOTARY PUBLIC, Residing in
Salt Lake UT
 County State

[SEAL]

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. Stacy Suzuk: Aging Services Case Manager 305-468-3272
 Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone
2001 S. State St #51-1000 SLC UT 84114
 Covered Person's County Address/Volunteer's Address

B. Lakeview Hospital
 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
PRN Behavioral Health Counselor
 Covered person's status, relationship or commitment to the institution, entity, business or person named above
1030 Medical Drive Bountiful UT 84010 801-299-2200
 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:

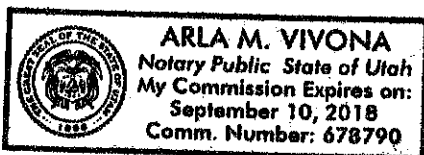
- I receive or have agreed to receive compensation for assisting a person or business entity in a transaction involving Salt Lake County.
- I am an officer, director, agent, employee or the owner of a substantial interest in a business entity that is subject to the regulation of Salt Lake County.
- I 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.)

This is a PRN job at a hospital outside of Salt Lake County. I am not in charge of or make any decisions regarding admits or financial transactions. There is no overlap between the two jobs.

Stacy Suzuk
Covered Person's Signature

SUBSCRIBED and SWORN to before me this 17 day of January, 2018



[SEAL]

Arla M. Vivona
 NOTARY PUBLIC, Residing in
Salt Lake UT
 County State

This statement is a public document. It must be filed with the covered person's immediate supervisor, volunteer or community liaison, division director, department director or elected official, and the County Council. It must be filed when the potential conflict arises and re-filed every January, as long as the potential conflict 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. Toni V Wardle S.L.Co. Agency 385-468-3206
Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone

Covered Person's County Address/Volunteer's Address

B. T.W Products
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

1396650 Rosebush Heavener Utah 84086
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:

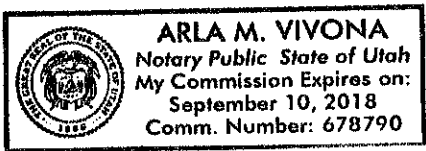
- I receive or have agreed to receive compensation for assisting a person or business entity in a transaction involving Salt Lake County.
- I am an officer, director, agent, employee or the owner of a substantial interest in a business entity that is subject to the regulation of Salt Lake County.
- I 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.)

Own a small company that I work on Saturday's
I buy wire parts and sell them to a
medical company.

Toni V Wardle
Covered Person's Signature

SUBSCRIBED and SWORN to before me this 22 day of January, 2018.



Arla M. Vivona
NOTARY PUBLIC, Residing in
Salt Lake UT
County State

[SEAL]

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.

22

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. VADA J Roberts 801-739-4395
Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone

1923 W Zachary Dr SLC Utah 84116
Covered Person's County Address/Volunteer's Address

B. Old Time Fiddlers County Music Association
Outside institution, entity, private business or person in which the Covered Person has a personal or business interest for which disclosure is required in the above section

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

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

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

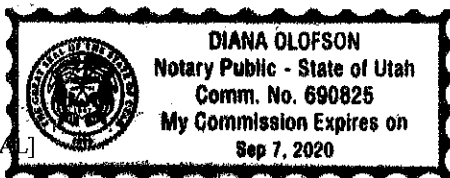
- I receive or have agreed to receive compensation for assisting a person or business entity in a transaction involving Salt Lake County.
- I am an officer, director, agent, employee or the owner of a substantial interest in a business entity that is subject to the regulation of Salt Lake County.
- I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

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

I work at the SLC County Adult + Agency services. I volunteer with the old time fiddlers group. I don't receive money from them

Vada Jill Roberts
Covered Person's Signature

SUBSCRIBED and SWORN to before me this 17 day of January, 2018



Diana Olofson Salt Lake
NOTARY PUBLIC, Residing in
Salt Lake UT
County State

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

SL
SALT LAKE
COUNTY
CRIMINAL JUSTICE
SERVICES

Ben McAdams
Salt Lake County Mayor

Karen Crompton
Salt Lake County Human Services
Department Director

Kele Griffone
Division Director

Jessica Thayer
Associate Director

January 23, 2018

Salt Lake County Council
Salt Lake County Government Center
2001 South State Street
Salt Lake City, Utah

Re: Conflict of Interest Disclosure Forms

Dear Salt Lake County Council:

Please find below a list of employees who have submitted a conflict of interest disclosure form. You will find each form attached.

Tara Bennion	Judy Mahoskey	Jeff Wade
Victoria Brooks	Cindy Powell	Douglas Williams
Robert Duncombe	Erin Price	Gloria Ruiz (2)
Meredith Franck	Jessica Rudy	Christopher Thomas
Xavier Gondra	Olivia Spencer (3)	Lyn Ann Marsh
Mauna Liddiard	Jo Ann Trujillo	Kristina Palsiphen

You may contact me at (385) 468-3425 or KGriffone@slco.org if you have questions or concerns.

Sincerely,



Kele Griffone
Director

SALT LAKE COUNTY
CRIMINAL JUSTICE SERVICES
145 East 1300 South, Ste. 501
Salt Lake City, UT 84115-8141
Phone (385) 468-3500
Fax (385) 468-3430
TTY: 7-1-1

Handwritten initials

DISCLOSURE OF PRIVATE BUSINESS INTERESTS (Use one form for each outside business entity, institution, or person involved.)

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

A.

Tara Bennion	Case Manager	385-468-3539
Covered Person*	Position* or County Division	County Phone

145 E 1300 S Suite 501 SLC, UT 84115
Covered Person's County Address

B.

Volunteers of America / Cornerstone
Outside institution, entity, private business or person involved

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

435 West Bearcat Drive Salt Lake City, UT 84115
Outside institution, entity, business or person's address and phone number

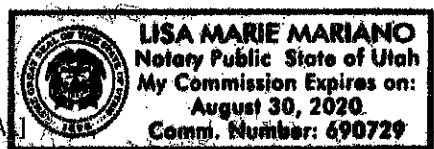
C. Describe below the nature of the assistance you are providing to the institution, entity, private business or person named above, or describe the nature of the economic interest or employment you hold in the private business. Also describe the relationship with or transaction between the business, institution, person, etc. and Salt Lake County. Use more sheets if necessary. (This disclosure statement will not be accepted as valid unless this section is completed.)

I volunteer within the agency. This can include events or at any of their facilities.

Tara Bennion

Covered Person's Signature

SUBSCRIBED and SWORN to before me this 11 day of January, 2018.



Lisa M. Mariano
NOTARY PUBLIC, Residing in

SLC Utah
County State

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

*"Covered person" means any person appointed to any statutory office or position or any other person appointed to any position of employment with Salt Lake County. "Covered person" includes, but is not limited to, persons serving on special, regular or full-time committees, agencies, or boards whether or not such persons are compensated for their services.

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

X

DISCLOSURE OF PRIVATE BUSINESS INTERESTS (Use one form for each outside business entity, institution, or person involved.)

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

A. Victoria Brooks Division of Occupational & Professional Licensing
Covered Person* CS 385-4100-8400
Position* or County Division County Phone

1100 E 300 S SLC 145 E 1300 S.
Covered Person's County Address

B. Division of Occupational & Professional Licensing
Outside Institution, entity, private business or person involved

Investigative Technician
Describe covered person's status, employment or investment in the outside Institution, entity, private business, or personal contract

1100 E. 300 S. SLC, UT
Outside institution, entity, business or person's address and phone number

C. Describe below the nature of the assistance you are providing to the institution, entity, private business or person named above, or describe the nature of the economic interest or employment you hold in the private business. Also describe the relationship with or transaction between the business, institution, person, etc. and Salt Lake County. Use more sheets if necessary. (This disclosure statement will not be accepted as valid unless this section is completed.)

I do run BCI's for investigators in the Division for the state that pertain to their cases.

[Signature]
Covered Person's Signature

SUBSCRIBED and SWORN to before me this 15th day of January, 2018



[SEAL]

[Signature]
NOTARY PUBLIC, Residing in
Salt Lake UT.
County State

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

*"Covered person" means any person appointed to any statutory office or position or any other person appointed to any position of employment with Salt Lake County. "Covered person" includes, but is not limited to, persons serving on special, regular or full-time committees, agencies, or boards whether or not such persons are compensated for their services.

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

X 12

DISCLOSURE OF PRIVATE BUSINESS INTERESTS (Use one form for each outside business entity, institution, or person involved.)

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

A. Robert Duncombe Case Manager - CJS 385-468-3931
Covered Person* Position* or County Division County Phone

145 E. 1300 S. Suite 501 SLC, UT 84115-6141
Covered Person's County Address

B. Sport Clips
Outside institution, entity, private business or person involved

I work about 20 hours per week as a barber
Describe covered person's status, employment or investment in the outside institution, entity, private business, or personal contract

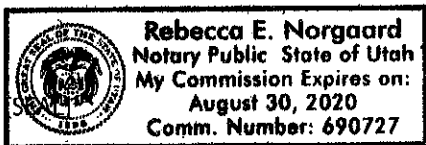
613 E. 400 S. Suite A-3 SLC, UT 84102
Outside institution, entity, business or person's address and phone number

C. Describe below the nature of the assistance you are providing to the institution, entity, private business or person named above, or describe the nature of the economic interest or employment you hold in the private business. Also describe the relationship with or transaction between the business, institution, person, etc. and Salt Lake County. Use more sheets if necessary. (This disclosure statement will not be accepted as valid unless this section is completed.)

I am employed part-time, about 20 hours per week as a stylist at Sport Clips. I cut people's hair & shampoo their hair.

Robert Duncombe
Covered Person's Signature

SUBSCRIBED and SWORN to before me this 12 day of January, 2018.



Rebecca E. Norgaard
NOTARY PUBLIC, Residing in
Salt Lake Utah
County State

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

*"Covered person" means any person appointed to any statutory office or position or any other person appointed to any position of employment with Salt Lake County. "Covered person" includes, but is not limited to, persons serving on special, regular or full-time committees, agencies, or boards whether or not such persons are compensated for their services.

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

X #

DISCLOSURE OF PRIVATE BUSINESS INTERESTS (Use one form for each outside business entity, institution, or person involved.)

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

A. Ms. Meredith Franck Instructor 3854683506
Covered Person* Position* or County Division County Phone

812 E. 1300 So SLC, Utah 84105
Covered Person's County Address

B. Meredith Franck
Outside institution, entity, private business or person involved

Owner of Brand - Wearable Art
Describe covered person's status, employment or investment in the outside institution, entity, private business, or personal contract

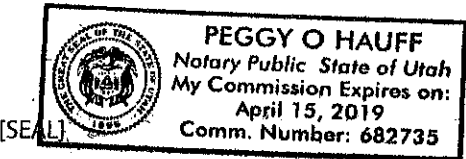
See C section
Outside institution, entity, business or person's address and phone number

C. Describe below the nature of the assistance you are providing to the institution, entity, private business or person named above, or describe the nature of the economic interest or employment you hold in the private business. Also describe the relationship with or transaction between the business; institution, person, etc. and Salt Lake County. Use more sheets if necessary. (This disclosure statement will not be accepted as valid unless this section is completed.)

Supply Original work to the following:
(wearable art)
1) Palletti - Highland Dr
2) Lanny Bard and Gallery - Trolley Square
3) Fellow Shop - 300 So Broadway

Meredith Franck
Covered Person's Signature

SUBSCRIBED and SWORN to before me this 9 day of January, 2018.



Peggy O. Hauff
NOTARY PUBLIC, Residing in

Salt Lake UT
County State

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

*"Covered person" means any person appointed to any statutory office or position or any other person appointed to any position of employment with Salt Lake County. "Covered person" includes, but is not limited to, persons serving on special, regular or full-time committees, agencies, or boards whether or not such persons are compensated for their services.

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

DISCLOSURE OF PRIVATE BUSINESS INTERESTS (Use one form for each outside business entity, Institution, or person involved.)

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

A. YAVIER GONZALEZ CASE MANAGER PATRIAL SERVICE 385-468-3551
 Covered Person* Position* or County Division County Phone

1398 SOUTH 1300 EAST SLC 84105
 Covered Person's County Address

B. UTAH DEPARTMENT OF HEALTH
 Outside Institution, entity, private business or person involved

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

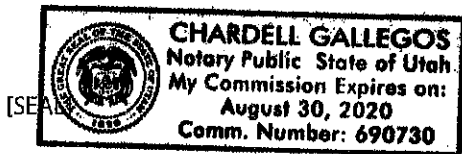
288 NORTH 1450 WEST SLC, UTAH 84116
 Outside Institution, entity, business or person's address and phone number

C. Describe below the nature of the assistance you are providing to the institution, entity, private business or person named above, or describe the nature of the economic interest or employment you hold in the private business. Also describe the relationship with or transaction between the business, institution, person, etc. and Salt Lake County. Use more sheets if necessary. (This disclosure statement will not be accepted as valid unless this section is completed.)

NIGHT SHIFT SUPERVISOR FOR SURGERY CENTER THAT MAKES CALLS FOR QUESTIONNAIRE REGARDING HEALTH RELATED RISK BEHAVIORS, CHRONIC HEALTH CONDITIONS & USE OF PREVENTION

[Signature]
 Covered Person's Signature

SUBSCRIBED and SWORN to before me this 10 day of January, 2018.



ChardeLL Gallegos
 NOTARY PUBLIC, Residing in
Salt Lake UT
 County State

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

*"Covered person" means any person appointed to any statutory office or position or any other person appointed to any position of employment with Salt Lake County. "Covered person" includes, but is not limited to, persons serving on special, regular or full-time committees, agencies, or boards whether or not such persons are compensated for their services.

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

XW

DISCLOSURE OF PRIVATE BUSINESS INTERESTS (Use one form for each outside business entity, institution, or person involved.)

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

A. Maura Liddiard Criminal Justice 385-468-3502
Covered Person* Position* or County Division County Phone

145 E. 1300 So # 305 SLCC UT 84115
Covered Person's County Address

B. Self employed Mary Kay Consultant
Outside institution, entity, private business or person involved

I demonstrate and sell Mary Kay cosmetics
Describe covered person's status, employment or investment in the outside institution, entity, private business, or personal contract

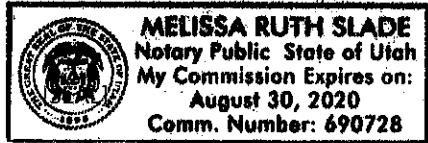
208 E Hill Ave, SLCC UT 84107
Outside institution, entity, business or person's address and phone number

C. Describe below the nature of the assistance you are providing to the institution, entity, private business or person named above, or describe the nature of the economic interest or employment you hold in the private business. Also describe the relationship with or transaction between the business, institution, person, etc. and Salt Lake County. Use more sheets if necessary. (This disclosure statement will not be accepted as valid unless this section is completed.)

I demonstrate and sell Mary Kay cosmetics to customers. There is no relationship between my independent Mary Kay Business and Salt Lake County

Maura Liddiard
Covered Person's Signature

SUBSCRIBED and SWORN to before me this 17 day of January, 2018.



Melissa Ruth Slade
NOTARY PUBLIC, Residing In
Salt Lake UT
County State

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

*"Covered person" means any person appointed to any statutory office or position or any other person appointed to any position of employment with Salt Lake County. "Covered person" includes, but is not limited to, persons serving on special, regular or full-time committees, agencies, or boards whether or not such persons are compensated for their services.

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

Key

DISCLOSURE OF PRIVATE BUSINESS INTERESTS (Use one form for each outside business entity, institution, or person involved.)

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

A. Judy Mahoskey Instructor 385 468 3457
Covered Person* Position* or County Division County Phone

145 E 1300 S SLC UT 84115
Covered Person's County Address

B. Law Blog Writers. com
Outside institution, entity, private business or person involved

Blog writer for out of state lawyers
Describe covered person's status, employment or investment in the outside institution, entity, private business, or personal contract

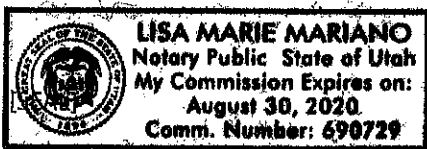
Sid Bittman (720) 362-0426 338 E. South Temple #3
Outside institution, entity, business or person's address and phone number SLC, UT 84111

C. Describe below the nature of the assistance you are providing to the institution, entity, private business or person named above, or describe the nature of the economic interest or employment you hold in the private business. Also describe the relationship with or transaction between the business, institution, person, etc. and Salt Lake County. Use more sheets if necessary. (This disclosure statement will not be accepted as valid unless this section is completed.)

Write legal Blogs for Divorce, Personal Injury & Criminal lawyers

Judy Mahoskey
Covered Person's Signature

SUBSCRIBED and SWORN to before me this 10 day of Jan., 2018.



Lisa Marie Mariano
NOTARY PUBLIC, Residing in
SLC UT
County State

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

**Covered person* means any person appointed to any statutory office or position or any other person appointed to any position of employment with Salt Lake County. "Covered person" includes, but is not limited to, persons serving on special, regular or full-time committees, agencies, or boards whether or not such persons are compensated for their services.

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

X E

DISCLOSURE OF PRIVATE BUSINESS INTERESTS (Use one form for each outside business entity, institution, or person involved.)

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

A. Cindy Powell Criminal Justice Svcs
Covered Person* Position* or County Division County Phone

145 W 1360 S # 501-105 Salt Lake City UT 84115
Covered Person's County Address

B. Center for Counseling Excellence
Outside Institution, entity, private business or person involved

Intern -> CSh-i
Describe covered person's status, employment or investment in the outside institution, entity, private business, or personal contract

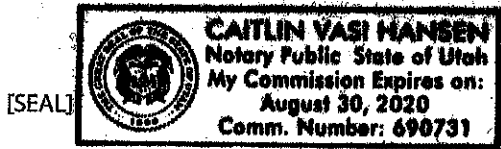
2180 E. 4500 S Holladay UT 84117
Outside Institution, entity, business or person's address and phone number

C. Describe below the nature of the assistance you are providing to the institution, entity, private business or person named above, or describe the nature of the economic interest or employment you hold in the private business. Also describe the relationship with or transaction between the business, institution, person, etc. and Salt Lake County. Use more sheets if necessary. (This disclosure statement will not be accepted as valid unless this section is completed.)

Unpaid internship providing group, individual, and couples therapeutic services.

Cindy D. Powell
Covered Person's Signature

SUBSCRIBED and SWORN to before me this 17th day of January, 2018.



Caitlin Vasi Hansen
NOTARY PUBLIC, Residing in

Salt Lake Utah
County State

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

*"Covered person" means any person appointed to any statutory office or position or any other person appointed to any position of employment with Salt Lake County. "Covered person" includes, but is not limited to, persons serving on special, regular or full-time committees, agencies, or boards whether or not such persons are compensated for their services.

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

X 19

DISCLOSURE OF PRIVATE BUSINESS INTERESTS (Use one form for each outside business entity, institution, or person involved.)

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

A. Erin Eleanor Price Salt Lake - Criminal Justice Services - Jail Screener 385-468-8002
 Covered Person* Position* or County Division County Phone

145 East 1300 South #501, SLC, UT, 84115
 Covered Person's County Address

B. Odyssey House
 Outside Institution, entity, private business or person involved

Substance Abuse - MSW Intern
 Describe covered person's status, employment or investment in the outside institution, entity, private business, or personal contract

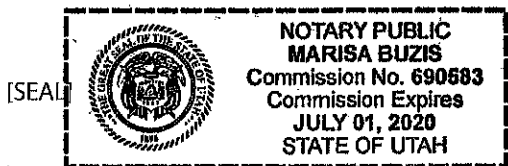
350 East 2100 South, SLC, UT, 84115 -- 801-322-1185
 Outside Institution, entity, business or person's address and phone number

C. Describe below the nature of the assistance you are providing to the institution, entity, private business or person named above, or describe the nature of the economic interest or employment you hold in the private business. Also describe the relationship with or transaction between the business, institution, person, etc. and Salt Lake County. Use more sheets if necessary. (This disclosure statement will not be accepted as valid unless this section is completed.)

I work with Odyssey providing substance abuse therapy for individuals and groups. It is part of my master's program. This arrangement will last until May, at which point I will be lining up for a new internship. This is an unpaid arrangement. I will avoid a conflict of interest as I will not provide services to or information about anyone from the Jail at Odyssey. Visa versa, I will not discuss Odyssey information with people at the Jail, and will protect the identities of those from Odyssey by maintaining confidentiality. I will not screen or participate in release decisions with people that I know from Odyssey.

[Signature]
 Covered Person's Signature

SUBSCRIBED and SWORN to before me this 12 day of January, 2018.



[Signature]
 NOTARY PUBLIC Residing in
Salt Lake UT
 County State

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

*"Covered person" means any person appointed to any statutory office or position or any other person appointed to any position of employment with Salt Lake County. "Covered person" includes, but is not limited to, persons serving on special, regular or full-time committees, agencies, or boards whether or not such persons are compensated for their services.

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

X-14

DISCLOSURE OF PRIVATE BUSINESS INTERESTS (Use one form for each outside business entity, institution, or person involved.)

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

A. Jessica Rudy Part-time Instructor 385-468-3500
Covered Person* Position* or County Division County Phone

145 E. 1300 S. SUITE 501, SLC, UT 84115
Covered Person's County Address

B. Assessment, Counseling, + Educational Services (ACES)
Outside institution, entity, private business or person involved

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

1354 E 3300 S, SLC UT 84106 (801) 265-8000
Outside institution, entity, business or person's address and phone number

C. Describe below the nature of the assistance you are providing to the institution, entity, private business or person named above, or describe the nature of the economic interest or employment you hold in the private business. Also describe the relationship with or transaction between the business, institution, person, etc. and Salt Lake County. Use more sheets if necessary. (This disclosure statement will not be accepted as valid unless this section is completed.)

As an intern I handle criminal assessments, as well as provide individual and group counseling services. Potentially ACES could receive referrals from individuals who are clients with CJS, but they will be referred to other employees within ACES if their connection with CJS is known.

[Signature]
Covered Person's Signature

SUBSCRIBED and SWORN to before me this 10th day of January, 2013.

[SEAL] **CAITLIN VASI HANSEN**
Notary Public State of Utah
My Commission Expires on:
August 30, 2020
Comm. Number: 690791

[Signature]
NOTARY PUBLIC, Residing in

Salt Lake Utah
County State

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

*"Covered person" means any person appointed to any statutory office or position or any other person appointed to any position of employment with Salt Lake County. "Covered person" includes, but is not limited to, persons serving on special, regular or full-time committees, agencies, or boards whether or not such persons are compensated for their services.

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

X Key

DISCLOSURE OF PRIVATE BUSINESS INTERESTS (Use one form for each outside business entity, institution, or person involved.)

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

A. Olivia Spencer Instructor - CTS 305-468-3457
Covered Person* Position* or County Division County Phone

145 S. 1300 S. #501 SL, UT 84115
Covered Person's County Address

B. The University of Wyoming
Outside institution, entity, private business or person involved

Adjunct Professor (employment)
Describe covered person's status, employment or investment in the outside institution, entity, private business, or personal contract

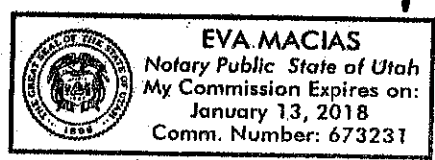
1000 E. University Ave. Laramie, WY 82071 (307) 766-6484
Outside institution, entity, business or person's address and phone number

C. Describe below the nature of the assistance you are providing to the institution, entity, private business or person named above, or describe the nature of the economic interest or employment you hold in the private business. Also describe the relationship with or transaction between the business, institution, person, etc. and Salt Lake County. Use more sheets if necessary. (This disclosure statement will not be accepted as valid unless this section is completed.)

Teach American Govt online for Poli Sci Dept.

Olivia Spencer
Covered Person's Signature

SUBSCRIBED and SWORN to before me this 10 day of Jan., 2018.



[SEAL]

Eva Macias
NOTARY PUBLIC, Residing in
Salt Lake City Utah
County State

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

*"Covered person" means any person appointed to any statutory office or position or any other person appointed to any position of employment with Salt Lake County. "Covered person" includes, but is not limited to, persons serving on special, regular or full-time committees, agencies, or boards whether or not such persons are compensated for their services.

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

X kg

DISCLOSURE OF PRIVATE BUSINESS INTERESTS (Use one form for each outside business entity, institution, or person involved.)

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

A. Olivia Spencer Inspector - CTS 385-468-3457
Covered Person* Position* or County Division County Phone

145 E. 1300 S. #501 SLC, UT 84115
Covered Person's County Address

B. The Bar Method (employment)
Outside institution, entity, private business or person involved

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

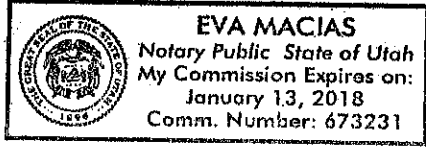
1057 E. 2100 S. SLC, UT 84106 (801) 485-4227
Outside institution, entity, business or person's address and phone number

C. Describe below the nature of the assistance you are providing to the institution, entity, private business or person named above, or describe the nature of the economic interest or employment you hold in the private business. Also describe the relationship with or transaction between the business, institution, person, etc. and Salt Lake County. Use more sheets if necessary. (This disclosure statement will not be accepted as valid unless this section is completed.)

No transactions with SLCO (known)
provide sales help at the front desk

Olivia Spencer
Covered Person's Signature

SUBSCRIBED and SWORN to before me this 10 day of Jan, 2018.



[SEAL]

Eva Macias
NOTARY PUBLIC, Residing In

Salt Lake City Utah
County State

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

**Covered person" means any person appointed to any statutory office or position or any other person appointed to any position of employment with Salt Lake County. "Covered person" includes, but is not limited to, persons serving on special, regular or full-time committees, agencies, or boards whether or not such persons are compensated for their services.

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

[Handwritten initials]

DISCLOSURE OF PRIVATE BUSINESS INTERESTS (Use one form for each outside business entity, institution, or person involved.)

Under the provisions of the County Officers and Employees Disclosure Act, §5 17-16a-1 et seq., U.C.A., 1953 as amended, I, the undersigned, under penalties of perjury, make the following statement regarding my private business interests. (Type or print all information.)

A. Olivia Spencer Instructor - CJS (385) 468-3457
Covered Person* Position* or County Division County Phone

145 E. 1300 S. #501 SLCC, UT 84115
Covered Person's County Address

B. Salt Lake City School District | Horizonte Instruction & Training
Outside institution, entity, private business or person involved

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


1234 Main Street, SLCC UT 84101
Outside institution, entity, business or person's address and phone number

C. Describe below the nature of the assistance you are providing to the institution, entity, private business or person named above, or describe the nature of the economic interest or employment you hold in the private business. Also describe the relationship with or transaction between the business, institution, person, etc. and Salt Lake County. Use more sheets if necessary. (This disclosure statement will not be accepted as valid unless this section is completed.)

Coordinate GED Program
No known relationships with SLCCO

[Signature]
Covered Person's Signature

SUBSCRIBED and SWORN to before me this 10 day of Jan, 2018.

[SEAL]  **EVA MACIAS**
 Notary Public State of Utah
 My Commission Expires on:
 January 13, 2018
 Comm. Number: 673231

[Signature]
 NOTARY PUBLIC, Residing In
Salt Lake City Utah
County State

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

*"Covered person" means any person appointed to any statutory office or position or any other person appointed to any position of employment with Salt Lake County. "Covered person" includes, but is not limited to, persons serving on special, regular or full-time committees, agencies, or boards whether or not such persons are compensated for their services.

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

X.H.

DISCLOSURE OF PRIVATE BUSINESS INTERESTS (Use one form for each outside business entity, institution, or person involved.)

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

A.

Jo Ann Trujillo	Pretrial Case Manager	385-468-3477
Covered Person*	Position* or County Division	County Phone

145 E 1300 S Suite 501 Salt Lake City, Utah 84111
Covered Person's County Address

B.

Valley Behavioral Health

Outside institution, entity, private business or person involved

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

280 E 600 S Salt Lake City, Utah 84111
Outside institution, entity, business or person's address and phone number

C. Describe below the nature of the assistance you are providing to the institution, entity, private business or person named above, or describe the nature of the economic interest or employment you hold in the private business. Also describe the relationship with or transaction between the business, institution, person, etc. and Salt Lake County. Use more sheets if necessary. (This disclosure statement will not be accepted as valid unless this section is completed.)

Provide Case Management to Valley Behavioral clients who live at Valley Plaza, a transitional housing facility. As a Case Manager, I assist clients in daily living activities, and skills such as cleaning, shopping, cooking, scheduling various appointments, etc. Assist nursing staff by providing medication passes for client and following up with clients and staff on medication compliance. Ensure safety and security of clients residing at Valley plaza at all times. Other duties as assigned.

Jo Ann Trujillo
Covered Person's Signature

SUBSCRIBED and SWORN to before me this 17 day of January, 2018.



Catherine A. Lukes
NOTARY PUBLIC, Residing in
Salt Lake County, Utah
County State

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

**"Covered person" means any person appointed to any statutory office or position or any other person appointed to any position of employment with Salt Lake County. "Covered person" includes, but is not limited to, persons serving on special, regular or full-time committees, agencies, or boards whether or not such persons are compensated for their services.

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

DISCLOSURE OF PRIVATE BUSINESS INTERESTS (Use one form for each outside business entity, institution, or person involved.)

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

A. Jeff Wade Treatment Specialist 385-468-3525
 Covered Person* Position* or County Division County Phone

145 E. 1300 S. Salt Lake City, UT. 84115
 Covered Person's County Address

B. Changes Counseling LLC
 Outside institution, entity, private business or person involved

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

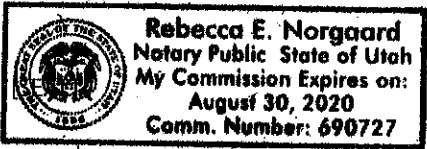
8221 S. 700 E. Sandy, UT. 84070
 Outside institution, entity, business or person's address and phone number

C. Describe below the nature of the assistance you are providing to the institution, entity, private business or person named above, or describe the nature of the economic interest or employment you hold in the private business. Also describe the relationship with or transaction between the business, institution, person, etc. and Salt Lake County. Use more sheets if necessary. (This disclosure statement will not be accepted as valid unless this section is completed.)

I do individual Counseling, both in the office and in the field. I also conduct Therapeutic groups. Most clients that I meet with do not have any association w/ Criminal Justice Services or Salt Lake County. Most clients are first time offenders

Jeff Wade
 Covered Person's Signature

SUBSCRIBED and SWORN to before me this 9 day of January, 2018.



Rebecca E. Norgaard
 NOTARY PUBLIC, Residing In
Salt Lake Utah
 County State

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

*"Covered person" means any person appointed to any statutory office or position or any other person appointed to any position of employment with Salt Lake County. "Covered person" includes, but is not limited to, persons serving on special, regular or full-time committees, agencies, or boards whether or not such persons are compensated for their services.

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

X

DISCLOSURE OF PRIVATE BUSINESS INTERESTS (Use one form for each outside business entity, institution, or person involved.)

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

A. Douglas E. Williams Therapist CSS Behavioral Unit 385-468-3460
 Covered Person* Position* or County Division County Phone

145E BOOS. Suite # 501 SLC, UT 84115
 Covered Person's County Address

B. Valley Behavioral Health Forensics
 Outside Institution, entity, private business or person involved

Part Time Therapist Conducting Groups.
 Describe covered person's status, employment or investment in the outside institution, entity, private business, or personal contract

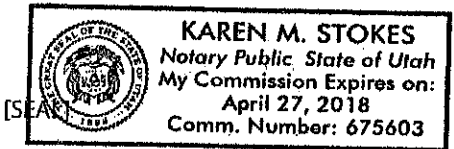
10205 South Suite # 100 SLC, UT 84101 888-949-4864
 Outside Institution, entity, business or person's address and phone number

C. Describe below the nature of the assistance you are providing to the institution, entity, private business or person named above, or describe the nature of the economic interest or employment you hold in the private business. Also describe the relationship with or transaction between the business, institution, person, etc. and Salt Lake County. Use more sheets if necessary. (This disclosure statement will not be accepted as valid unless this section is completed.)

I provide Group Therapy treatment to clients of Valley Behavioral Health on a part time basis.

Douglas E. Williams
 Covered Person's Signature

SUBSCRIBED and SWORN to before me this 8th day of January, 2018.



Karen M. Stokes
 NOTARY PUBLIC, Residing in
S. h. County Utah
 County State

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

**Covered person" means any person appointed to any statutory office or position or any other person appointed to any position of employment with Salt Lake County. "Covered person" includes, but is not limited to, persons serving on special, regular or full-time committees, agencies, or boards whether or not such persons are compensated for their services.

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

X 19

DISCLOSURE OF PRIVATE BUSINESS INTERESTS (Use one form for each outside business entity, institution, or person involved.)

Under the provisions of the County Officers and Employees Disclosure Act, §5 17-16a-1 et seq., U.C.A., 1953 as amended, I, the undersigned, under penalties of perjury, make the following statement regarding my private business interests. (Type or print all information.)

A. Olomua Ruiz 2 Assessment Case Manager 385-468-3548
Covered Person* Position* or County Division County Phone

145 E 1300 S #501 - SIC - UT 84115
Covered Person's County Address

B. Park City School District
Outside institution, entity, private business or person involved

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

Park City School Dist -
Outside institution, entity, business or person's address and phone number

C. Describe below the nature of the assistance you are providing to the institution, entity, private business or person named above, or describe the nature of the economic interest or employment you hold in the private business. Also describe the relationship with or transaction between the business, institution, person, etc. and Salt Lake County. Use more sheets if necessary. (This disclosure statement will not be accepted as valid unless this section is completed.)

substitute teachers - helping children (several teachers duties) while their teacher is out ill or in vacation.

[Signature]
Covered Person's Signature

SUBSCRIBED and SWORN to before me this 17 day of January, 2018.



Melissa Ruth Slade
NOTARY PUBLIC, Residing in
Salt Lake UT
County State

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

*"Covered person" means any person appointed to any statutory office or position or any other person appointed to any position of employment with Salt Lake County. "Covered person" includes, but is not limited to, persons serving on special, regular or full-time committees, agencies, or boards whether or not such persons are compensated for their services.

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

X 19

DISCLOSURE OF PRIVATE BUSINESS INTERESTS (Use one form for each outside business entity, institution, or person involved.)

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

A. Glennia Ruiz Case Manager (Assessment VMT) 385-468-3548
Covered Person* Position* or County Division County Phone

145 E 1300 So # 501 slc UT 84103
Covered Person's County Address

B. Primary childrens Medical Center
Outside institution, entity, private business or person involved

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

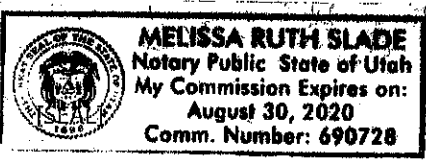
Primary childrens Medical Center
Outside institution, entity, business or person's address and phone number

C. Describe below the nature of the assistance you are providing to the institution, entity, private business or person named above, or describe the nature of the economic interest or employment you hold in the private business. Also describe the relationship with or transaction between the business, institution, person, etc. and Salt Lake County. Use more sheets if necessary. (This disclosure statement will not be accepted as valid unless this section is completed.)

Support children 5 to 17 while there are at the institution due to ~~parents~~ emergency related to mental health issues.

[Signature]
Covered Person's Signature

SUBSCRIBED and SWORN to before me this 17 day of January, 2018.



Melissa Ruth Slade
NOTARY PUBLIC, Residing in
Salt Lake UT
County State

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

*"Covered person" means any person appointed to any statutory office or position or any other person appointed to any position of employment with Salt Lake County. "Covered person" includes, but is not limited to, persons serving on special, regular or full-time committees, agencies, or boards whether or not such persons are compensated for their services.

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

kg X
DISCLOSURE OF PRIVATE BUSINESS INTERESTS (Use one form for each outside business entity, institution, or person involved.)

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

A.

Christopher Thomas	Data Analyst / Criminal Justice Services	385-468-3545
Covered Person*	Position* or County Division	County Phone

145 East 1300 South, Suite 501, Salt Lake City, UT 84115
Covered Person's County Address

B.

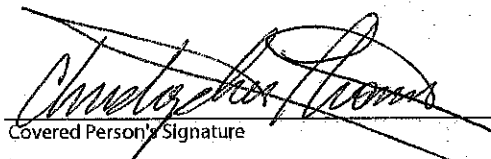
Top Dog Data Systems
Outside Institution, entity, private business or person Involved

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

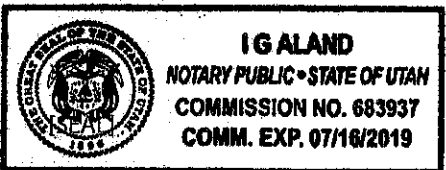
2722 S 1000 E APT A, Salt Lake City, UT 84106
Outside Institution, entity, business or person's address and phone number

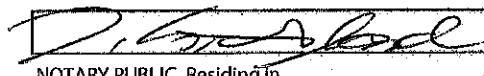
C. Describe below the nature of the assistance you are providing to the institution, entity, private business or person named above, or describe the nature of the economic interest or employment you hold in the private business. Also describe the relationship with or transaction between the business, institution, person, etc. and Salt Lake County. Use more sheets if necessary. *(This disclosure statement will not be accepted as valid unless this section is completed.)*

I am the owner of Top Dog Data Systems, a sole-proprietorship company, which will engage in limited (fewer than 10 hours per month) information systems and business intelligence consulting for area non-profits. The non-profits with which I work do not, to my knowledge, engage in business transactions with Salt Lake County. I do not believe that Top Dog Data Systems is subject to Salt Lake County regulation; I also do not believe the non-profits with which I work are subject to Salt Lake County regulation. I do not plan to engage in consulting work for Salt Lake County. I do not believe working with non-profit clients will create actual or potential conflicts of interest, since these non-profit clients do not advocate on criminal justice-related matters, nor are they - to my knowledge - currently involved with the criminal justice system. Even if my clients were involved with the criminal justice system, the nature of my position with Salt Lake County (Data Analyst) does not permit me to affect their disposition. Should I become aware of any actual or potential conflict of interest, I will file additional disclosures upon discovering any such actual or potential conflicts.


 Covered Person's Signature

SUBSCRIBED and SWORN to before me this 11 day of January, 2018.




 NOTARY PUBLIC, Residing in

Salt Lake	UT
County	State

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

**Covered person" means any person appointed to any statutory office or position or any other person appointed to any position of employment with Salt Lake County. "Covered person" includes, but is not limited to, persons serving on special, regular or full-time committees, agencies, or boards whether or not such persons are compensated for their services.

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

X

DISCLOSURE OF PRIVATE BUSINESS INTERESTS (Use one form for each outside business entity, institution, or person involved.)

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

A. Leighann Marsh Certified Peer Support 385-468-3907
Covered Person* Position* or County Division County Phone

1300 South 145 E. Ste 501 SLC UT 84115-6141
Covered Person's County Address

B. First Step House / R.E.A.C.H program
Outside institution, entity, private business or person involved

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

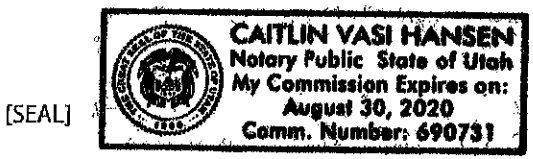
666 South 200 East S.L.C. UT 84115
Outside institution, entity, business or person's address and phone number

C. Describe below the nature of the assistance you are providing to the institution, entity, private business or person named above, or describe the nature of the economic interest or employment you hold in the private business. Also describe the relationship with or transaction between the business, institution, person, etc. and Salt Lake County. Use more sheets if necessary. (This disclosure statement will not be accepted as valid unless this section is completed.)

I will be interning at this community partners facility.

Leighann Marsh
Covered Person's Signature

SUBSCRIBED and SWORN to before me this 02 day of January, 2018.



Caitlin Vasi Hansen
NOTARY PUBLIC, Residing in
Salt Lake Utah
County State

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

*"Covered person" means any person appointed to any statutory office or position or any other person appointed to any position of employment with Salt Lake County. "Covered person" includes, but is not limited to, persons serving on special, regular or full-time committees, agencies, or boards whether or not such persons are compensated for their services.

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

X 5x

DISCLOSURE OF PRIVATE BUSINESS INTERESTS (Use one form for each outside business entity, institution, or person involved.)

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

A.

Kristina Pulsipher	Criminal Justice Services	385-468-3541
Covered Person*	Position* or County Division	County Phone

145 E 1300 S. #501, Salt Lake City, UT 84115
Covered Person's County Address

B.

The Humane Society of Utah
Outside Institution, entity, private business or person Involved

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

4242 S. 300 W., Murray, UT 84107
Outside Institution, entity, business or person's address and phone number

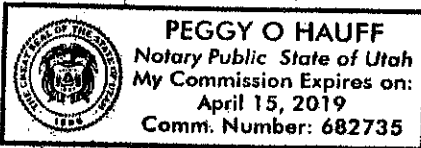
C. Describe below the nature of the assistance you are providing to the institution, entity, private business or person named above, or describe the nature of the economic interest or employment you hold in the private business. Also describe the relationship with or transaction between the business, institution, person, etc. and Salt Lake County. Use more sheets if necessary. (This disclosure statement will not be accepted as valid unless this section is completed.)

I volunteer with the Humane Society of Utah approximately 6 hours a week. I assist with animal adoptions, their Facebook page, as well as events with the legislature to advocate for humane animal welfare laws. I have not encountered a conflict between Salt Lake County and HSU.

[Handwritten Signature]

Covered Person's Signature

SUBSCRIBED and SWORN to before me this 19 day of January, 2018.



[Handwritten Signature]
NOTARY PUBLIC, Residing In

Salt Lake UT
County State

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

*"Covered person" means any person appointed to any statutory office or position or any other person appointed to any position of employment with Salt Lake County. "Covered person" includes, but is not limited to, persons serving on special, regular or full-time committees, agencies, or boards whether or not such persons are compensated for their services.

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

X by

DISCLOSURE OF PRIVATE BUSINESS INTERESTS (Use one form for each outside business entity, institution, or person involved.)

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

A. Kristina Pulsipher Criminal Justice Services 385-468-3541
 Covered Person* Position* or County Division County Phone

145 E 1300 S. #501, Salt Lake City, UT 84115
 Covered Person's County Address

B. Street Dawg Crew of Utah
 Outside Institution, entity, private business or person involved

Volunteer and Board Member
 Describe covered person's status, employment or investment in the outside institution, entity, private business, or personal contract

1365 Teakwood Dr, Taylorsville, UT 84123
 Outside Institution, entity, business or person's address and phone number

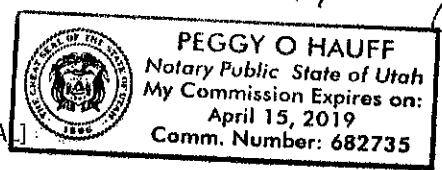
C. Describe below the nature of the assistance you are providing to the institution, entity, private business or person named above, or describe the nature of the economic interest or employment you hold in the private business. Also describe the relationship with or transaction between the business, institution, person, etc. and Salt Lake County. Use more sheets if necessary. (This disclosure statement will not be accepted as valid unless this section is completed.)

I am a current volunteer and board member for a small non-profit, Street Dawg Crew of Utah. We provide pet supplies to those experiencing homelessness and other vulnerable situations. We could potentially have CJS clients receive our services.

[Handwritten Signature]

Covered Person's Signature

SUBSCRIBED and SWORN to before me this 17 day of January, 2018.



[Handwritten Signature]
 NOTARY PUBLIC, Residing In

Salt Lake UT
 County State

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

*"Covered person" means any person appointed to any statutory office or position or any other person appointed to any position of employment with Salt Lake County. "Covered person" includes, but is not limited to, persons serving on special, regular or full-time committees, agencies, or boards whether or not such persons are compensated for their services.

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

January 29, 2018

Aimee Winder-Newton, Chair
Salt Lake County Council
2001 South State Street, N2-200
Salt Lake City, UT 84190

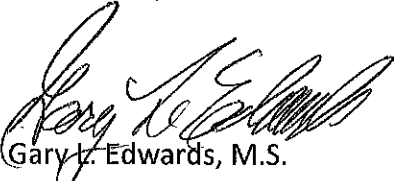
RE: Salt Lake County Board of Health 2018 Disclosure Statements

The following Salt Lake County Board of Health members have submitted a County disclosure statement, attached for review:

- Brooke Hashimoto
- Chris Hemmersmeier
- Dorothea Verbrugge
- Judy Cullen
- Jeffrey Ward
- Kelly Christensen
- Leticia Medina
- Robert Dahle
- Russ Booth
- Scott Brown
- William Cosgrove

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

Respectfully,


Gary L. Edwards, M.S.
Executive Director



SALT LAKE COUNTY DISCLOSURE STATEMENT

Violation of these provisions may subject the officer, employee or board member to disciplinary action, in addition to the possibility of criminal prosecution. Any violations will be thoroughly investigated and prosecuted. Please be aware that this document is a shortened and simplified statement of the legal requirements involved in this area. YOUR CONDUCT WILL BE GOVERNED BY THE LAW, NOT THIS REVIEW. Feel free to direct any questions regarding the law's ethical and disclosure requirements to the Civil Division of the Office of the District Attorney.

DISCLOSURE OF PRIVATE BUSINESS INTERESTS (Use one form for each business entity or person involved .)

Under the provisions of the Utah Public Employees' and Officers' Ethics Act, §§ 67-16-1 et seq., U.C.A., 1953 as amended and the County Officers and Employees Disclosure Act, §§ 17-16a-1 et seq., U.C.A., 1953 as amended, I, the undersigned, under penalties of perjury, make the following statement regarding my private business interests. (Type or print all information.)

A. J. C. Hemmersmeyer Board of Health
County Employee Employed in (County Division) County Phone

Employee's Address

B. Jerry Seiner Dealerships, GOK Properties, Grand Vin Imports
Outside institution, entity, private business or person involved

owner, manager, member

Describe county employee's position or investment in the outside institution, entity, private business, or personal contract

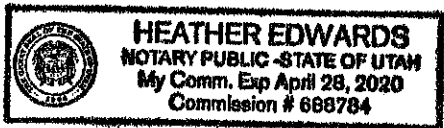
1530 S. 500 W. Salt Lake City, UT 84115

Outside institution, entity, business or person's address and phone number

C. Describe below the nature of the assistance you are providing to the institution, entity, private business or person named above, or describe the nature of the economic interest or employment you hold in the private business. Also describe the relationship with, or transaction between, the business, institution, person, etc. and Salt Lake County. Use more sheets if necessary. (This disclosure statement will not be accepted as valid unless this section is completed.)

Employee Signature

SUBSCRIBED and SWORN to before me this 4th day of January, 2018.



[SEAL]

Heather Edwards
NOTARY PUBLIC, Residing in
Salt Lake Utah
County State

This statement is a public document. It must be filed with the officer's, employee's, or board member's immediate supervisor, division director, department director or elected official, and the COUNTY COUNCIL. It must be filed when the potential conflict arises.



SALT LAKE COUNTY DISCLOSURE STATEMENT

Violation of these provisions may subject the officer, employee or board member to disciplinary action, in addition to the possibility of criminal prosecution. Any violations will be thoroughly investigated and prosecuted. Please be aware that this document is a shortened and simplified statement of the legal requirements involved in this area. YOUR CONDUCT WILL BE GOVERNED BY THE LAW, NOT THIS REVIEW. Feel free to direct any questions regarding the law's ethical and disclosure requirements to the Civil Division of the Office of the District Attorney.

DISCLOSURE OF PRIVATE BUSINESS INTERESTS (Use one form for each business entity or person involved .)

Under the provisions of the Utah Public Employees' and Officers' Ethics Act, §§ 67-16-1 et seq., U.C.A., 1953 as amended and the County Officers and Employees Disclosure Act, §§ 17-16a-1 et seq., U.C.A., 1953 as amended, I, the undersigned, under penalties of perjury, make the following statement regarding my private business interests. (Type or print all information.)

A. Robert M. Dahl 801-580-3056
County Employee Employed in (County Division) County Phone
4580 So. 2300 East, Holladay, UT 84117
Employee's Address

B. Holladay City
Outside institution, entity, private business or person involved

Mayor
Describe county employee's position or investment in the outside institution, entity, private business, or personal contract

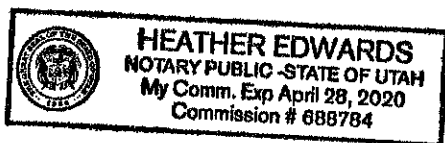
Outside institution, entity, business or person's address and phone number

C. Describe below the nature of the assistance you are providing to the institution, entity, private business or person named above, or describe the nature of the economic interest or employment you hold in the private business. Also describe the relationship with, or transaction between, the business, institution, person, etc. and Salt Lake County. Use more sheets if necessary. (This disclosure statement will not be accepted as valid unless this section is completed.)

Robert M. Dahl

Employee Signature

SUBSCRIBED and SWORN to before me this 4th day of January, 2018.



[SEAL]

Heather Edwards
NOTARY PUBLIC, Residing in

Salt Lake Utah
County State

This statement is a public document. It must be filed with the officer's, employee's, or board member's immediate supervisor, division director, department director or elected official, and the COUNTY COUNCIL. It must be filed when the potential conflict arises.



SALT LAKE COUNTY DISCLOSURE STATEMENT

(Handwritten mark)

Violation of these provisions may subject the officer, employee or board member to disciplinary action, in addition to the possibility of criminal prosecution. Any violations will be thoroughly investigated and prosecuted. Please be aware that this document is a shortened and simplified statement of the legal requirements involved in this area. YOUR CONDUCT WILL BE GOVERNED BY THE LAW, NOT THIS REVIEW. Feel free to direct any questions regarding the law's ethical and disclosure requirements to the Civil Division of the Office of the District Attorney.

DISCLOSURE OF PRIVATE BUSINESS INTERESTS (Use one form for each business entity or person involved.)

Under the provisions of the Utah Public Employees' and Officers' Ethics Act, §§ 67-16-1 et seq., U.C.A., 1953 as amended and the County Officers and Employees Disclosure Act, §§ 17-16a-1 et seq., U.C.A., 1953 as amended, I, the undersigned, under penalties of perjury, make the following statement regarding my private business interests. (Type or print all information.)

A. Scott E. Brown County Health Board NA
 County Employee Employed in (County Division) County Phone
8283 Supernal Way, Cottonwood Heights 84121
 Employee's Address

B. Salt Lake Community College
 Outside institution, entity, private business or person involved
Director
 Describe county employee's position or investment in the outside institution, entity, private business, or personal contract
231 E. 400 S. Salt Lake City 84101
 Outside institution, entity, business or person's address and phone number

C. Describe below the nature of the assistance you are providing to the institution, entity, private business or person named above, or describe the nature of the economic interest or employment you hold in the private business. Also describe the relationship with, or transaction between, the business, institution, person, etc. and Salt Lake County. Use more sheets if necessary. (This disclosure statement will not be accepted as valid unless this section is completed.)

Scott E. Brown
Employee Signature

SUBSCRIBED and SWORN to before me this 4th day of January, 2018.



[SEAL]

Heather Edwards
NOTARY PUBLIC, Residing in
Salt Lake Utah
County State

This statement is a public document. It must be filed with the officer's, employee's, or board member's immediate supervisor, division director, department director or elected official, and the COUNTY COUNCIL. It must be filed when the potential conflict arises.



SALT LAKE COUNTY DISCLOSURE STATEMENT

Violation of these provisions may subject the officer, employee or board member to disciplinary action, in addition to the possibility of criminal prosecution. Any violations will be thoroughly investigated and prosecuted. Please be aware that this document is a shortened and simplified statement of the legal requirements involved in this area. YOUR CONDUCT WILL BE GOVERNED BY THE LAW, NOT THIS REVIEW. Feel free to direct any questions regarding the law's ethical and disclosure requirements to the Civil Division of the Office of the District Attorney.

DISCLOSURE OF PRIVATE BUSINESS INTERESTS (Use one form for each business entity or person involved.)

Under the provisions of the Utah Public Employees' and Officers' Ethics Act, §§ 67-16-1 et seq., U.C.A., 1953 as amended and the County Officers and Employees Disclosure Act, §§ 17-16a-1 et seq., U.C.A., 1953 as amended, I, the undersigned, under penalties of perjury, make the following statement regarding my private business interests. (Type or print all information.)

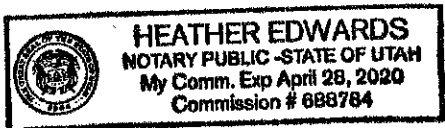
A. Brooke Hashimoto SALT LAKE COUNTY BOARD OF HEALTH 801-554-2948
County Employee Employed in (County Division) County Phone
2782 South Connor SLC, UT 84109
Employee's Address

B. UNIVERSITY OF UTAH CELL THERAPY AND REGENERATIVE MEDICINE FACILITY
Outside institution, entity, private business or person involved
QUALITY ASSURANCE / QUALITY CONTROL SUPERVISOR
Describe county employee's position or investment in the outside institution, entity, private business, or personal contract
675 ARAPEEN DRIVE, SUITE 300, SLC, UT 84108 801-585-6260
Outside institution, entity, business or person's address and phone number

C. Describe below the nature of the assistance you are providing to the institution, entity, private business or person named above, or describe the nature of the economic interest or employment you hold in the private business. Also describe the relationship with, or transaction between, the business, institution, person, etc. and Salt Lake County. Use more sheets if necessary. (This disclosure statement will not be accepted as valid unless this section is completed.)
MY RESPONSIBILITIES INCLUDE ENSURING COMPLIANCE OF THE U OF U CELL THERAPY & REGENERATIVE MEDICINE FACILITY WITH ITS REGULATORY BODIES.
TO MY KNOWLEDGE THE FACILITY DOES NOT HAVE A DIRECT RELATIONSHIP W/ SL COUNTY OTHER THAN BEING PHYSICALLY LOCATED WITHIN SL COUNTY.

[Signature]
Employee Signature

SUBSCRIBED and SWORN to before me this 4th day of January, 2018.



[SEAL]

Heather Edwards
NOTARY PUBLIC, Residing in
Salt Lake Utah
County State

This statement is a public document. It must be filed with the officer's, employee's, or board member's immediate supervisor, division director, department director or elected official, and the COUNTY COUNCIL. It must be filed when the potential conflict arises.



SALT LAKE COUNTY DISCLOSURE STATEMENT

Violation of these provisions may subject the officer, employee or board member to disciplinary action, in addition to the possibility of criminal prosecution. Any violations will be thoroughly investigated and prosecuted. Please be aware that this document is a shortened and simplified statement of the legal requirements involved in this area. YOUR CONDUCT WILL BE GOVERNED BY THE LAW, NOT THIS REVIEW. Feel free to direct any questions regarding the law's ethical and disclosure requirements to the Civil Division of the Office of the District Attorney.

DISCLOSURE OF PRIVATE BUSINESS INTERESTS (Use one form for each business entity or person involved .)

Under the provisions of the Utah Public Employees' and Officers' Ethics Act, §§ 67-16-1 et seq., U.C.A., 1953 as amended and the County Officers and Employees Disclosure Act, §§ 17-16a-1 et seq., U.C.A., 1953 as amended, I, the undersigned, under penalties of perjury, make the following statement regarding my private business interests. (Type or print all information.)

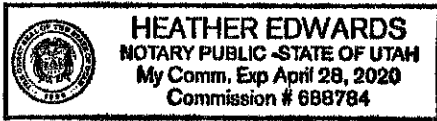
A. JUDY COLLEN S.L. COUNTY HEALTH DEPT. 801-599-7903
County Employee Employed in (County Division) County Phone
2514 ELIZABETH ST. #4 SLC UT 84106
Employee's Address

B. SALT LAKE BREWING CO.
Outside institution, entity, private business or person involved
MARKETING DIRECTOR - SQUATTERS & WASATCH BREW PUBS
Describe county employee's position or investment in the outside institution, entity, private business, or personal contract
1735 SO 300 WEST SLC UT 84115
Outside institution, entity, business or person's address and phone number

C. Describe below the nature of the assistance you are providing to the institution, entity, private business or person named above, or describe the nature of the economic interest or employment you hold in the private business. Also describe the relationship with, or transaction between, the business, institution, person, etc. and Salt Lake County. Use more sheets if necessary. (This disclosure statement will not be accepted as valid unless this section is completed.)

Judy Collen
Employee Signature

SUBSCRIBED and SWORN to before me this 4th day of January, 2018.



[SEAL]

Heather Edwards
NOTARY PUBLIC, Residing in
Salt Lake Utah
County State

This statement is a public document. It must be filed with the officer's, employee's, or board member's immediate supervisor, division director, department director or elected official, and the COUNTY COUNCIL. It must be filed when the potential conflict arises.



SALT LAKE COUNTY DISCLOSURE STATEMENT

Violation of these provisions may subject the officer, employee or board member to disciplinary action, in addition to the possibility of criminal prosecution. Any violations will be thoroughly investigated and prosecuted. Please be aware that this document is a shortened and simplified statement of the legal requirements involved in this area. YOUR CONDUCT WILL BE GOVERNED BY THE LAW, NOT THIS REVIEW. Feel free to direct any questions regarding the law's ethical and disclosure requirements to the Civil Division of the Office of the District Attorney.

DISCLOSURE OF PRIVATE BUSINESS INTERESTS (Use one form for each business entity or person involved.)

Under the provisions of the Utah Public Employees' and Officers' Ethics Act, §§ 67-16-1 et seq., U.C.A., 1953 as amended and the County Officers and Employees Disclosure Act, §§ 17-16a-1 et seq., U.C.A., 1953 as amended, I, the undersigned, under penalties of perjury, make the following statement regarding my private business interests. (Type or print all information.)

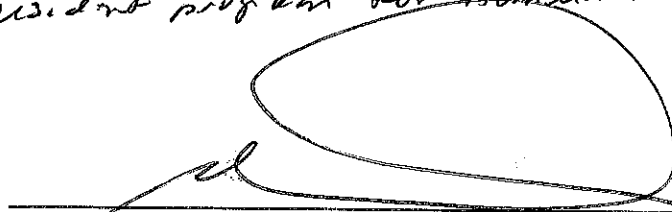
A. Leticia Medina
County Employee Employed in (County Division) County Phone
3336 W. 5820 S. Taylorsville UT 84029
Employee's Address

B. Valley mental Health
Outside institution, entity, private business or person involved
employee
Describe county employee's position or investment in the outside institution, entity, private business, or personal contract

Outside institution, entity, business or person's address and phone number

C. Describe below the nature of the assistance you are providing to the institution, entity, private business or person named above, or describe the nature of the economic interest or employment you hold in the private business. Also describe the relationship with, or transaction between, the business, institution, person, etc. and Salt Lake County. Use more sheets if necessary. (This disclosure statement will not be accepted as valid unless this section is completed.)

*employee with valley BH - provide supervision to
Honduran program - resident program for Honduran men*



Employee Signature

SUBSCRIBED and SWORN to before me this 4th day of January, 2018.



[SEAL]

Heather Edwards

NOTARY PUBLIC, Residing in
Salt Lake Utah
County State

This statement is a public document. It must be filed with the officer's, employee's, or board member's immediate supervisor, division director, department director or elected official, and the COUNTY COUNCIL. It must be filed when the potential conflict arises.



SALT LAKE COUNTY DISCLOSURE STATEMENT

Violation of these provisions may subject the officer, employee or board member to disciplinary action, in addition to the possibility of criminal prosecution. Any violations will be thoroughly investigated and prosecuted. Please be aware that this document is a shortened and simplified statement of the legal requirements involved in this area. YOUR CONDUCT WILL BE GOVERNED BY THE LAW, NOT THIS REVIEW. Feel free to direct any questions regarding the law's ethical and disclosure requirements to the Civil Division of the Office of the District Attorney.

DISCLOSURE OF PRIVATE BUSINESS INTERESTS (Use one form for each business entity or person involved.)

Under the provisions of the Utah Public Employees' and Officers' Ethics Act, §§ 67-16-1 et seq., U.C.A., 1953 as amended and the County Officers and Employees Disclosure Act, §§ 17-16a-1 et seq., U.C.A., 1953 as amended, I, the undersigned, under penalties of perjury, make the following statement regarding my private business interests. (Type or print all information.)

A. Kelly Christensen Board of Health 801-231-5250
County/Employee Employed in (County Division) County Phone
483 e Mapleburg CT Draper UT 84020
Employee's Address

B. Iceberg Drive Inn, Shakermakers LLC, Calays Catering
Outside institution, entity, private business or person involved

Private business.
Describe county employee's position or investment in the outside institution, entity, private business, or personal contract

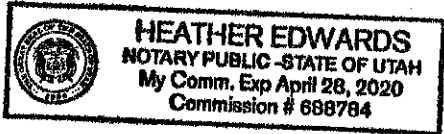
438 W 12300 S #104 Draper UT 84020
Outside institution, entity, business or person's address and phone number

C. Describe below the nature of the assistance you are providing to the institution, entity, private business or person named above, or describe the nature of the economic interest or employment you hold in the private business. Also describe the relationship with, or transaction between, the business, institution, person, etc. and Salt Lake County. Use more sheets if necessary. (This disclosure statement will not be accepted as valid unless this section is completed.)

UTAH Restaurant Association.

[Signature]
Employee Signature

SUBSCRIBED and SWORN to before me this 4th day of January, 2018.



Heather Edwards
NOTARY PUBLIC, Residing in
Salt Lake Utah
County State

[SEAL]

This statement is a public document. It must be filed with the officer's, employee's, or board member's immediate supervisor, division director, department director or elected official, and the COUNTY COUNCIL. It must be filed when the potential conflict arises.



SALT LAKE COUNTY DISCLOSURE STATEMENT

Violation of these provisions may subject the officer, employee or board member to disciplinary action, in addition to the possibility of criminal prosecution. Any violations will be thoroughly investigated and prosecuted. Please be aware that this document is a shortened and simplified statement of the legal requirements involved in this area. YOUR CONDUCT WILL BE GOVERNED BY THE LAW, NOT THIS REVIEW. Feel free to direct any questions regarding the law's ethical and disclosure requirements to the Civil Division of the Office of the District Attorney.

DISCLOSURE OF PRIVATE BUSINESS INTERESTS (Use one form for each business entity or person involved.)

Under the provisions of the Utah Public Employees' and Officers' Ethics Act, §§ 67-16-1 et seq., U.C.A., 1953 as amended and the County Officers and Employees Disclosure Act, §§ 17-16a-1 et seq., U.C.A., 1953 as amended, I, the undersigned, under penalties of perjury, make the following statement regarding my private business interests. (Type or print all information.)

A. Dorothea Verbrugge SL CO Board of Health

County Employee Employed in (County Division) County Phone

2576 Sage Way, Salt Lake City, UT 84109

Employee's Address

B. Aetna Health Care

Outside institution, entity, private business or person involved

Employer

Describe county employee's position or investment in the outside institution, entity, private business, or personal contract

10150 South Centennial Parkway #450, Sandy, UT 84070.

Outside institution, entity, business or person's address and phone number

C. Describe below the nature of the assistance you are providing to the institution, entity, private business or person named above, or describe the nature of the economic interest or employment you hold in the private business. Also describe the relationship with, or transaction between, the business, institution, person, etc. and Salt Lake County. Use more sheets if necessary. (This disclosure statement will not be accepted as valid unless this section is completed.)

Employee of Aetna

[Signature]
Employee Signature

SUBSCRIBED and SWORN to before me this 4th day of January, 2018.



[SEAL]

[Signature]
NOTARY PUBLIC, Residing in
Salt Lake County Utah State

This statement is a public document. It must be filed with the officer's, employee's, or board member's immediate supervisor, division director, department director or elected official, and the COUNTY COUNCIL. It must be filed when the potential conflict arises.



SALT LAKE COUNTY DISCLOSURE STATEMENT

(Handwritten mark)

Violation of these provisions may subject the officer, employee or board member to disciplinary action, in addition to the possibility of criminal prosecution. Any violations will be thoroughly investigated and prosecuted. Please be aware that this document is a shortened and simplified statement of the legal requirements involved in this area. **YOUR CONDUCT WILL BE GOVERNED BY THE LAW, NOT THIS REVIEW.** Feel free to direct any questions regarding the law's ethical and disclosure requirements to the Civil Division of the Office of the District Attorney.

DISCLOSURE OF PRIVATE BUSINESS INTERESTS (Use one form for each business entity or person involved.)

Under the provisions of the Utah Public Employees' and Officers' Ethics Act, §§ 67-16-1 et seq., U.C.A., 1953 as amended and the County Officers and Employees Disclosure Act, §§ 17-16a-1 et seq., U.C.A., 1953 as amended, I, the undersigned, under penalties of perjury, make the following statement regarding my private business interests. (Type or print all information.)

A. County Employee Employed in (County Division) County Phone

Employee's Address

B. RUSSELL K BOOTH

Outside institution, entity, private business or person involved

MEMBER, SLCO BOARD OF HEALTH

Describe county employee's position or investment in the outside institution, entity, private business, or personal contract

3043 So. 2850 E, SLC, UT 84109, 801-455-7700

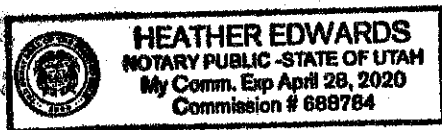
Outside institution, entity, business or person's address and phone number

C. Describe below the nature of the assistance you are providing to the institution, entity, private business or person named above, or describe the nature of the economic interest or employment you hold in the private business. Also describe the relationship with, or transaction between, the business, institution, person, etc. and Salt Lake County. Use more sheets if necessary. (This disclosure statement will not be accepted as valid unless this section is completed.)

Russell K Booth

Employee Signature

SUBSCRIBED and SWORN to before me this 4th day of January, 2018.



[SEAL]

Heather Edwards

NOTARY PUBLIC, Residing in

Salt Lake

County

Utah

State

This statement is a public document. It must be filed with the officer's, employee's, or board member's immediate supervisor, division director, department director or elected official, and the COUNTY COUNCIL. It must be filed when the potential conflict arises.

January 29, 2018

Aimee Winder-Newton, Chair
Salt Lake County Council
2001 South State Street, N2-200
Salt Lake City, UT 84190

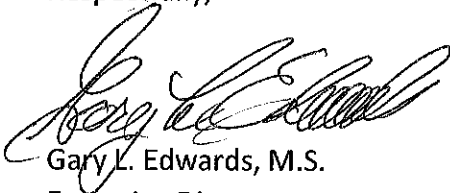
RE: Salt Lake County Health Department 2018 Disclosure Statements

The following Salt Lake County Health Department employees have submitted a County disclosure statement, attached for review:

- Audrey Stevenson
- Gary Edwards
- Ilene Risk
- James Jeffries
- Melissa Pistorius
- Nicholas Rupp
- Robert Timmerman
- Royal DeLegge
- Terry Begay

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

Respectfully,



Gary L. Edwards, M.S.
Executive Director

DISCLOSURE OF PERSONAL OR FINANCIAL INTEREST

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

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

A. Audrey Stevenson 385-468-2150
Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone
2001 So. State Street, SLC, UT 84190-2150

Covered Person's County Address/Volunteer's Address

B. Columbus Community 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

Nurse Consultant

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

3495 S. West Temple, SLC, UT

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

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

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

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

I provide consultation for group homes housing individuals w/ disabilities. This business does not interface with either the Health Dept. or Salt Lake County.

Audrey Stevenson
Covered Person's Signature

SUBSCRIBED and SWORN to before me this 25 day of January, 2018



[SEAL]

Michelle M Hicks
NOTARY PUBLIC, Residing in _____
DAVIS UT
County State

This statement is a public document. It must be filed with the covered person's immediate supervisor, volunteer or community liaison, division director, department director or elected official, and the County Council. It must be filed when the potential conflict arises and re-filed every January, as long as the potential conflict 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. Gary Edwards Director/Health 385-468-4116
Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone
2001 S. State Street, S2-600
Covered Person's County Address/Volunteer's Address

B. University of Utah / Utah Department of 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
Adjunct faculty / Health Advisory Council
Covered person's status, relationship or commitment to the institution, entity, business or person named above
U of U Department of Health Education & Promotion / Cannon Health Building
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.)
Teach evening classes.
Chair the Health Advisory Council through the Utah Department of Health.

SUBSCRIBED and SWORN to before me this 29th day of January, 2018.
Covered Person's Signature



Heather Edwards
NOTARY PUBLIC, Residing in
Utah Utah
County State

[SEAL]

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. Ilene Risk Epidemiology Bureau Manager 385-468-4199
Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone
660 S 200 E, Salt Lake City, 84111
Covered Person's County Address/Volunteer's Address

B. South Salt Lake Mosquito Abatement District (SSLMAD)
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
Trustee for the SSLMAD
Covered person's status, relationship or commitment to the institution, entity, business or person named above
7308 Airport Road West Jordan, Utah 84084 801-790-0110
Address and phone number of the institution, entity, business or person named above

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

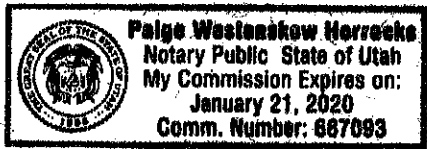
- I receive or have agreed to receive compensation for assisting a person or business entity in a transaction involving Salt Lake County.
- I am an officer, director, agent, employee or the owner of a substantial interest in a business entity that is subject to the regulation of Salt Lake County.
- I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

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

I serve as a trustee for the SSLMAD and represent the County at large on issues related to vector-borne disease control undertaken by the SSLMAD. In this capacity, I lead efforts to inform trustees/SSLMAD about surveillance findings related to WNV, Zika, and other emerging mosquito transmitted disease and actions needed to prevent disease transmission. The SSLMAD is one of three mosquito abatement districts in SLCo. The SSLMAD district provide service to select areas in Salt Lake County including the cities and towns of Alta, Bluffdale, Copperton, Cottonwood Heights, Draper, Herriman, Holladay, part of Kearns, Midvale, Millcreek, Murray, Riverton, Sandy, South Jordan, South Salt Lake, Taylorsville, West Jordan, part of West Valley, and White City.

Ilene Risk
Covered Person's Signature

SUBSCRIBED and SWORN to before me this 25th day of Jan, 2019.



Paige Westenshaw Horrocks
NOTARY PUBLIC, Residing in
Salt Lake Utah
County State

[SEAL]

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. JAMES H. JEFFRIES AIR QUALITY SUPP. ENV. HEALTH 385-468-3888
Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone

788 E. WOODOAK LN. MURRAY UT. 84107
Covered Person's County Address/Volunteer's Address

B. I DO STRIPING AND LETTERING OF EMERGENCY VEHICLES
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

CITY, COUNTY AND STATE VEHICLES
Covered person's status, relationship or commitment to the institution, entity, business or person named above

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

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

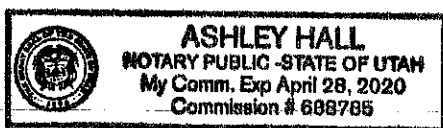
- I receive or have agreed to receive compensation for assisting a person or business entity in a transaction involving Salt Lake County.
- I am an officer, director, agent, employee or the owner of a substantial interest in a business entity that is subject to the regulation of Salt Lake County.
- I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

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

I OWN JEFFRIES STRIPING & LETTERING. I PRIMARILY DO STRIPING AND LETTING ON FIRE EQUIPMENT FOR GOVERNMENT AGENCIES.

[Signature]
Covered Person's Signature

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



Ashley Hall
NOTARY PUBLIC, Residing in
Salt Lake County Utah State

[SEAL]

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. Melissa Pistorius Now Peer BFC Counseling 3854684368
Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone
South Redwood Public Health Center 7971 S 1875 W
Covered Person's County Address/Volunteer's Address

B. The Empowered Mother Doula
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

5503 W 9000 S Apt E 303 West Jordan, UT 84081 801-330-1647
Address and phone number of the institution, entity, business or person named above

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

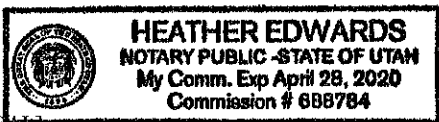
- I receive or have agreed to receive compensation for assisting a person or business entity in a transaction involving Salt Lake County.
- I am an officer, director, agent, employee or the owner of a substantial interest in a business entity that is subject to the regulation of Salt Lake County.
- I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

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

I offer services in my Doula business to clients in similar circumstances (pregnancy/postpartum) to those I see at WIC as a BFC counselor. I do not solicit advice but will disclose my business if a client asks, or requests information about a doula.

Melissa Pistorius
Covered Person's Signature

SUBSCRIBED and SWORN to before me this 24 day of January, 2018



Heather Edwards
NOTARY PUBLIC, Residing in
Utah 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. Nicholas Rupp Graphic/Web Designer in Health x84130
 Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone

2001 S. State, Suite S2-600
 Covered Person's County Address/Volunteer's Address

B. Heritage Gardens Receptions and Catering
 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
 Covered person's status, relationship or commitment to the institution, entity, business or person named above

2050 Creek Road, Sandy UT 84094 801-944-4575
 Address and phone number of the institution, entity, business or person named above

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

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

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

I am a part-time employee (bartender) for this food-service establishment that is subject to regulation by Salt Lake County under Health Regulation #5.

SUBSCRIBED and SWORN to before me this 19th day of January, 2018.

Nicholas Rupp
 Covered Person's Signature



Heather Edwards
 NOTARY PUBLIC, Residing in
Utah Utah
 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.

dr

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. Robert Timmerman CSAP Manager, Health Department 3854865320
 Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone
South Redwood Public Health Clinic, 7871 South 1825 West, West Jordan, UT 84088
 Covered Person's County Address/Volunteer's Address

B. South Salt Lake Police Athletic and Activities League
 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
2835 S Main St South Salt Lake, UT 84115
 Address and phone number of the institution, entity, business or person named above

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

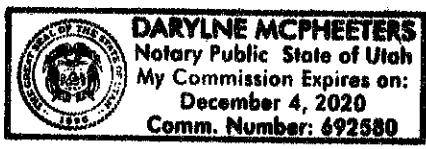
- I receive or have agreed to receive compensation for assisting a person or business entity in a transaction involving Salt Lake County.
- I am an officer, director, agent, employee or the owner of a substantial interest in a business entity that is subject to the regulation of Salt Lake County.
- I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

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

The South Salt Lake Police Activities and Athletic League does not currently have a relationship to Salt Lake County or any of it's entities, but reserves the opportunity to enter into such an relationship in the future.

Robert Timmerman
 Covered Person's Signature

SUBSCRIBED and SWORN to before me this 24th day of January, 2018.



Darylne McPheeters
 NOTARY PUBLIC, Residing in
Salt Lake County Clerk, Salt Lake City, UT
 County State

[SEAL]

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. Royal DeLegge Environmental Health Division 385-468-3874
Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone
788 East Woodoak Lane, Murray UT
Covered Person's County Address/Volunteer's Address

B. Westminster 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
Board Member
Covered person's status, relationship or commitment to the institution, entity, business or person named above
1451 South State Street, Suite 145, Salt Lake City, UT - 801-535-7736
Address and phone number of the institution, entity, business or person named above

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

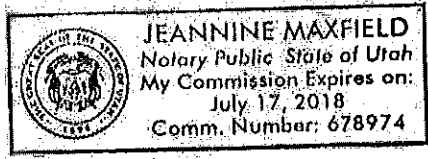
- I receive or have agreed to receive compensation for assisting a person or business entity in a transaction involving Salt Lake County.
- I am an officer, director, agent, employee or the owner of a substantial interest in a business entity that is subject to the regulation of Salt Lake County.
- I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

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

I am a member of the Board of Trustees. The organization jointly operates several projects with Salt Lake County programs.

R. P. DeLegge
Covered Person's Signature

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



Jeannine Maxfield
NOTARY PUBLIC, Residing in
Salt Lake Co. UT
County State

[SEAL]

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. Royal DeLegge Environmental Health Division 385-468-3874
Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone
788 East Woodoak Lane, Murray UT
Covered Person's County Address/Volunteer's Address

B. Westminster 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
Covered person's status, relationship or commitment to the institution, entity, business or person named above
1840 South 1300 East, Salt Lake City UT - 801-484-7651
Address and phone number of the institution, entity, business or person named above

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

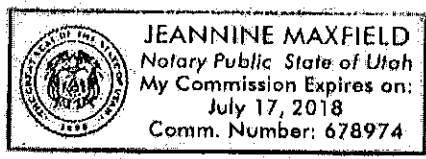
- I receive or have agreed to receive compensation for assisting a person or business entity in a transaction involving Salt Lake County.
- I am an officer, director, agent, employee or the owner of a substantial interest in a business entity that is subject to the regulation of Salt Lake County.
- I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

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

I teach courses in the Master of Public health Program, both Spring (Environmental Health) and Fall (Public health Leadership & Ethics) semesters; one class each semester.

[Signature]
Covered Person's Signature

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



[Signature]
NOTARY PUBLIC, Residing in
Salt Lake Co UT
County State

[SEAL]

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.

or

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. Terry Begay Health Department 801-598-4815
Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone
558 E. Wilmington Ave. SLC, UT. 84106
Covered Person's County Address/Volunteer's Address

B. House of Hope
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
853 E. 200 S. SLC, UT. 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.

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 Directors for the House of Hope which is a Substance Abuse treatment program that is regulated by the Counties Behavioral Health Department.

SUBSCRIBED and SWORN to before me this 24th day of January, 2018
Terry Begay
Covered Person's Signature



Heather Edwards
NOTARY PUBLIC, Residing in
Utah Utah
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.