

January 29, 2018

Salt Lake County Council 2001 South State Street Salt Lake City, UT 84190-1000

Dear County Council,

The following Division of Youth Services employees have signed Disclosure of Private Business Interests statements:

Youth Worker

Merit Employees

John Daniel Tisdale

Lisa Whitehead After School Program Assistant

LeVaughn WilkinsYouth WorkerKrysta ThomasYouth WorkerMark RobertsYouth WorkerMarcus PaxtonYouth Worker

Debra Osborne Counseling Services Supervisor
Heidi Lund Family Resource Facilitator
Carol Hendrycks Communications Manager

Maria Viviana Flores Youth Worker Kathleen DeView Youth Worker Jason Davidson Youth Worker

Angelica Cervantes Group Home Supervisor

Elizabeth Carothers Youth Worker
Ivan Bakubi Youth Worker
Corylyn Ybarra Program Manager
Brock Yancey Program Manager
Desiree Steadman-Gallegos Family Therapist

Derek Lentz

Vouth Worker

Kent Larson

Family Therapist

Youth Sorvices Co

Karl Larsen Youth Services Case Manager
Jeffrey Langworthy Youth Services Case Manager

Lorri Lake Family Therapist
Minamaria Koplin Program Manager

Jillian HillCase Management SupervisorJD GreenProgram Manager

To Green Program Manager
Keondra Rees Family Therapist

Laura Ellsworth Family Resource Facilitator
Erin Dixon Group Home Supervisor
Paula DeBoo

Paula DeBoeYouth WorkerDavid ChristensenFamily TherapistDouglas BunkerFamily Therapist

Francisco Bedolla After School Program Coordinator

Christine Antoccia Youth Worker

Timothy Andrew Aragon Group Home Supervisor

Jamie Heckert Youth Worker Taniela Mau Fangupo Youth Worker

Brandi Sandoval Group Home Supervisor

under penal	ties of perjury,	make the following	statement regarding	my private busines	is interests. (Type of	as amended נכע r print all inform	, i, the undersigned, nation.)
A. MO	a'u Fa	ngypo		The Work 1* or County Divis			-468-4452 Dunty Phone
	Person*		Position	1* or County Divis	ion	Co	ounty Phone
17	7 Wes	+ Price	Avenue S	Calt Lake	City UT	84115	·
Covered	Person's Cou	niv Andress			<i>I</i>		
	asatch	Youth (enter (S	avenile Ju	ustice Souvices		
Outside	institution, ent	tity, private business	or person involved				
Su	DENVISON	edi.				and the second	
Describ	covered perso	on's status, employm	ent or investment in	the outside institut	tion, entity, private b	ousiness, or pers	onal contract
35=	SW SAW	h 700 West	L Saltlake	Ch. 117	84110	801-265	_ 287h
Outside	institution, ent	ity, business or perso	n's address and pho	ne nymber		()0, 00}	
between	n the business.	nomic interest or emplication, person, cess this section is con SUNLAUFE OS PETC.	to, and Salt Lake Co	unity. He more sh	ieets if necessary (7	This divoluence of	tatement will not be NOSA GYOVJ
SUBSCRIB		tN to before me this	• /	Man Egyered Person's Janya	s Signature	2700 3.	
[SEAL]		CAROL BLACK NOTARY PUBLI STATE OF UTAI COMMISSION #69 COMM. EXPIRE NOVEMBER 15, 2	C 1 1785 S 021	NOTARY PUBI	t Jake	Blace - Will Ste	<u>E</u>
This etatomi	out is a nublic	donument It much	he filed with the as	moved naveau'e in	acception versions		

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

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Ur	der the provisions of the County Officers and	Employees Disclosure Act, §§ 17-16a-1 et seq., U.C.A	, 1953 as amended, I, the undersigned,
un	der penalties of perjury, make the following st	atement regarding my private business interests. (Type	e or print all information.)
A.	Covered Person*	Position* or County Division	385-468-462
	177 West Price Aug Covered Person's County Address	, , , , , , , , , , , , , , , , , , ,	County Phone
В.	Ottside institution, entity, private business or	r person involved	
	part-time therapist Describe covered person's status, employment 352 Denver Freet Outside institution, entity, business or person	nt or investment in the outside institution, entity, priva Suite 360 s address and phone number	te business, or personal contract
C.	the nature of the economic interest or empl	rou are providing to the institution, entity, private busines oyment you hold in the private business. Also description and Salt Lake County. Use more sheets if necessary interest. Takk a Hunnist at the 2001 Section 2001 Sect	ibe the relationship with or transaction
		Jovered Person's Signature	il
SU	BSCRIBED and SWORN to before me this	24th day of Sanvary, 20	<u> 18</u> .
	INA LANDRY NOTARY PUBLIC -STATE OF UT My Comm. Exp 06/07/2020 Commission # 690406		1.1
[SI	BAL]	County	State

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Under the provisions of the County Officers and Employees Disclosure Act, §§ 17-16a-1 et seq., U.C.A., 1953 as a under penalties of perjury, make the following statement regarding my private business interests. (Type or print a	all information.)
A. Maribel Hernandez Per Mentor (2 Covered Person* Position* or County Division 177 Price Ave. Salt Lake City, Ut 84115 Covered Person's County Address	38S) 242 6272 County Phone
B. Utah Demas. Inc Outside institution, entity, private business or person involved Part time	
Describe covered person's status, employment or investment in the outside institution, entity, private business Martha Tahua (801)599-7807 Outside institution, entity, business or person's address and phone number	, or personal contract
C. Describe below the nature of the assistance you are providing to the institution, entity, private business or personate nature of the economic interest or employment you hold in the private business. Also describe the relative to the business, institution, person, etc. and Salt Lake County. Use more sheets if necessary. (This disconcepted as valid unless this section is completed.) Fronde Samples of the products to local to form the form the distribution of our years.	tionship with or transaction
SUBSCRIBED and SWORN to before me this 22 day of MULL .2018	
SUBSCRIBED and SWORN to before me this 10 day of 11 Million 120 10	

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[SEAL]

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Notary Public State of Utah My Commission Expires on: January 28, 2020 Comm. Number: 687246

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A	penalties of perjury, make the following statement regarding Position Position	MOLLIZYOOUT OMOH OL	MAC ILLAS
А	DIGITAL ONLY OFF		- 7X) - 4 HIY 1
0		on* or County Division	Countrille
	177 W Price Ave GLC, UT	84119	County Phone
Ċ	overed Person's County Address	10 Unonice	
B	Eloyation Home Health	, 13 HOSPILLE	
O	uside institution, entity, private business or person involved	~ A	
	JOCIAI MOYKOX - tmplou		
Do	scribe covered person's status, employment or investment in		
	21 E 100 N #109, A	imprican tork, ut o	4003
O	tiside institution, entity, business or person's address and ph	one number	
tl	rescribe below the nature of the assistance you are providing to the nature of the economic interest or employment you hold etween the business, institution, person, etc. and Salt Lake Coccepted as valid unless this section is completed.) WOY WHOSPICE PAHL SUPPOSE TO WELL WHELL	in the private business. Also describe the relati	ionship with or transaction
		Covered Person's Signature	(e
SUBS	CRIBED and SWORN to before me this 27 day of	Jamany , 20 18.	•
	MICHAEL WAYNE OLSEN Notary Public • State of Utah	NOPARY PUBLIC, Residing in	·
SEAL	Commission # 697564 My Commission Expires October 17, 2021	County Sahe	<i>Ofal</i> s State

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

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.) Position* or County Division Covered Person's Outside institution, entity, private business or person involved 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.) or students for multiple schools gravite school district Covered SUBSCRIBED and SWORN to before me this ANDREA G. SMITH NOTARY PUBLIC, Residing in Notary Public State of Utah My Commission Expires on:

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

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September 4, 2019

Comm. Number: 685408

[SEAL]

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State

Un unc	der the provisions of the County Officers and Employees Disclosure Act, §§ 17-16a-1 et seq., U.C.A., 19 der penalties of perjury, make the following statement regarding my private business interests. (<i>Type or</i>	print all information.)
۸.	PATRICIA GUEVARA YOUTH LEADER Covered Person* Position* or County Division	(385)242-6272
	Covered Person* Position* or County Division	County Phone
	171 PRICE AVE SOUTH SACTLAKE UT	84115
	Covered Person's County Address	
В,	Outside institution, entity, private business or person involved	and the second s
	PARAEDUCATOR WORK WITH ESC STODEN. Describe covered person's status, employment or investment in the outside institution, entity, private by	Usings or nerconal contract
	2500 South STATE STREET SALT LAK Outside institution, entity, business or person's address and phone number (385) 64	CE CITY UT 84115
C.	Describe below the nature of the assistance you are providing to the institution, entity, private business	
٥.	the nature of the economic interest or employment you hold in the private business. Also describe the between the business, institution, person, etc. and Salt Lake County. Use more sheets if necessary. (The sheet salt Lake County) and the salt Lake County is the salt Lake County.	he relationship with or transaction his disclosure statement will not be
	work with students and pare that are enrolled in ESL classes	nts
	that are enrolled in tSL classes	•
٠.	Covered Person's Signature	ilvara
		9
SUI	BSCRIBED and SWORN to before me this 22 day of January 2018	Let
Γ	NOTARY PUBLIC NOTARY PUBLIC, Residing In	ola Magna
[SE	JESSICA ZAMORA 683850 COMMISSION EXPIRES JUNE 08, 2019 STATE OF UTAH JESSICA ZAMORA 683850 County County	UTA H
Thi	s statement is a public document. It must be filed with the covered person's immediate supervisor,	volunteer or community llaison,

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under penalties of perjury, mai	ke the following statement reg	arding my private business interests. (7	C.A., 1933 as amended, 1, the undersigned, Type or print all information.)
	Idrade Marales	Youth Leader	(385) 242-6272
Covered Person*		Position* or County Division	County Phone
Covered Person's County	<u>HW, Salt Lale</u> Address	e city, Vlah 84115	- Artificial - Art
	001 district private business or person inv	olved	
Describe covered person's	YA Educator status, employment or investo	nent in the outside institution, entity, pr	ivate business or personal control
7500 Strift S		non, in the estation materials of the 1 b	ivite outsiness, or personal contract
	business or person's address a	and phone number	
the nature of the economi	c interest or employment you	hold in the private business. Also de-	usiness or person named above, or describe scribe the relationship with or transaction ary. (This disclosure statement will not be
Work W that Pan	Hi. Paren Hicipate	ake County, Use more sheets if necessing the structure of	classes.
		A. Mah. H.	
SUBSCRIBED and SWORN to	before me this <u>260</u> day	Covered Person's Signature	20 <u>18</u> .
Motar My C	DY LEDBETTER y Public State of Utah mmission Expires on:	NOTARY PUBLIC, Residing	balty Magra.
SEAL] Con	February 3, 2020 km, Number: 687239	Salf Lake	Uttah State
Tils statement is a public doc	ument. It must be filed with	s the covered person's immediate wind	grylsor, voluntger ör commininty ligison

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Un	der the provisions of the County Officers and Employees Disclosure Act, §§ 17-16a-1 et seq., U.C.A. der penalties of perjury, make the following statement regarding my private business interests. (Type	., 1953 as amended, I, the undersigned,
	Kristing Siter Youth Leader	385-242-62
	Covered Person* Position* or County Division	County Phone
	177 Price Ave SLC ut 84115	
	Covered Person's County Address	
B.	Caranite School District	
	Outside institution, entity, private business or person involved	
	2500 S. State Street - Substate tec Describe covered person's status, employment or investment in the outside institution, entity, private	anh w
		e business, or personal contract
	385-Le46-5000	
	Outside institution, entity, business or person's address and phone number	
	the nature of the economic interest or employment you hold in the private business. Also describe tween the business, institution, person, etc. and Salt Lake County. Use more sheets if necessary, accepted as valid unless this section is completed.) SUBSTITUTE TEACHER FOR MULL SCHOOL SCHO	TThe Manhagen sentament will be at to
SUI	Covered Person's Signature BSCRIBED and SWORN to before me this 26 day of 20	iles 18 John
ršr	NOTARY PUBLIC ENNIFER ST. JOHN 692018 COMMISSION EXPIRES NOVEMBER 07, 2020 STATE OF UTAH AL County	Bonk Magna e Utah
	च । ।	
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A. CIMAL DINGTESHEY

A. CIMAL DINGTESHEY

A. CIMAL DINGTESHEY

Position* or County Division

County Phone

TIT PRICE AVE SIC, UT 84115

Covered Person*s County Address

B. CITANITE SCHOOL DIST — ELK RUN Elem

Outside institution, entity, private business or person involved

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

256-1646-4786

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 conomic 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.)

TEUCH WIN WARDEYS AT ELEMENTARY

Covered Person's Signafure

[SEAL]

SUBSCRIBED and SWORN to before me this __

Notary Public - State of Utah.
Comm. No. 696714
My Commission Expires on
Jul 10, 2021

State

County

State

IC, Residing in

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24_day of_

ALICIA MUNGUIA

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

[SEAL]

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Notary Public State of Utah My Commission Expires on: February 3, 2020 Comm, Number; 687239

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State

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

CAMILLE ROMINE Notary Public - State of Utah Comm. No. 695715 Commission Expires on

Jul 6, 2021

[SEAL]

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Un	inder the provisions of the County Officers and Employed nder penalties of perjury, make the following statement r	es Disclosure Act, §§ 17-16a-1 et seq., egarding my private business interests.	U.C.A., 1953 as amende (Type or print all Infor	d, I, the unders mation.)	signed,
A	lisa Smits	Teacher	385	242	6272
· 1.	Covered Person*	Position* or County Division		County Phone	
	3616 S. Blazing (Dak Bureve, Mac	ma, UT &	1044	
	Covered Person's County Address		,		
В.	Granite School Di	strict			
~~-	Outside institution, entity, private business or person i	nyolved			
	Teacher				***
	Describe covered person's status, employment or inve	stment in the outside institution, entity	, private business, or per	rsonal contract	
	3550 S. Helen Dr., Mag Outside institution, entity, business or person's address	na, UT 84044			
	Outside institution, entity, business or person's address	s and phone number			
C.	Describe below the nature of the assistance you are professional the nature of the economic interest or employment y between the business, institution, person, etc. and Sal accepted as valid unless this section is completed.) Teacher-Teach in an all subjects	you hold in the private business. Also It Lake County. Use more sheets if nec	describe the relationships disclosure	p with or tran	sacuon I not be
		Covered Person's Signatu	Sui	<u>A</u>	
SL	SUBSCRIBED and SWORN to before me this 26	day of January	20 <u>18</u> .		
	WENDY LEDBETTER Notary Public State of Utah	NOTARY PUBLIC, Resid	ding in	Mague	\ .
**	My Commission Expires on: February 3, 2020	Salt Lake County		State	
Į5	SEAL] Comm. Number: 687239				
77	This statement is a public document. It must be filed	with the covered person's immediate	supervisor, volunteer o	r community	liaison,

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SUBSCRIBED and SWORN to before me this

AVELINA S. CAMPELO Notary Public State of Utah My Commission Expires on: June 16, 2018 Comm. Number: 677423

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State

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Covered Person* Position* or County Division County Phone 1165 W. Brandon wood Dr.
Covered Person's County Address Murray UT 84123 B. Holiday Im Express
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 Suzul 5. Commerce Dr. Murray UT 3410.7

Outside institution, entity, business or person's address and phone number (801) 266-0800 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, Front desk agent at hotel Covered Person's Signature SUBSCRIBED and SWORN to before me this **AUSTIN CLARK** Notary Public . State of Utah Commission # 697869 Salt Lake My Commission Expires November 23, 2021 **ISEA**

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October 10, 202

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

A.	John Daniel Tisdale	Youth Warker	(801) 874-6639
	Covered Person*	Position* or County Division	County Phone
	1473 Fort Union Blud.	Cottonwood Heights, UT	84121
	Covered Person's County Address	- /	
В.	Gateway Academi	Y	
	Outside institution, entity, private business or p	erson involved	
	Part time youth	weeter or investment in the outside institution, entity, private	
	Describe covered person's status, employment	or investment in the outside institution, entity, private	business, or personal contract
	11706 S. 700 E.	Draper, UT 84020	(801) 553-2436
	Outside institution, entity, business or person's	address and phone number	
C.	the nature of the economic interest or employ between the business, institution, person, etc. a accepted as valid unless this section is comple	•	e the relationship with or transaction (This disclosure statement will not be
	Work as mentor	for troubled ternangement.	e soft
	residential trea	tment.	
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	•	/)	///
		[/. /	
		Covered Person's Signature	
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		- Show Towns	
	INA LANDRY	NOTARY PUBLIC, Residing in	
	My Comm. Exp 06/07/2020 Commission # 690408	Past Cale	υT
[SI	EAL] Commission & G90408	County	State

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Under the provisions of the County Officers and Employees Disclosure Act, §§ 17-16a-1 et seq., U.C.A., 1953 as amended, I, the undersigned, under penalties of perjury, make the following statement regarding my private business interests. (Type or print all information.) A. LISA Whitehead ASP ASSISTANT
Position* or County Division 801-718-7741 County Phone 177 W Price Ave, CCC - VT 84115 Covered Person's County Address B. The Grund of Jesus Omist of Latter-day
Outside institution, entity, private business or person involved Administrative Assistant

Describe covered person's status, employment or investment in the outside institution, entity, private business, or personal contract 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 director as it relates to temple buildings. Harn-relation to salt lake county. SUBSCRIBED and SWORN to before me this day of INA LANDRY MOTARY PUBLIC -STATE OF LITAM

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

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My Comm. Exp 06/07/2020 Commission # 690406

[SEA]

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Under the provisions of the County Officers and Employees Disclosure Act, §§ 17-16a-1 et seq., U.C.A., 1953 as amended, I, the undersigned,

un	ler penalties of perjury, make the following statement regarding	my pri	ivate business interests. (Type or p	orint all informatio	n.)
Α.	LeVaughy Wilking Justice Positio	ulh	Worker		8440
	Covered Person* Positio	n* or C	County Division	County	Phone Phone
	177 Wes L Prace Ave				
	Covered Person's County Address				
В.	Decker Lake Correction	۸ S			
	Outside institution, entity, private business or person involved				
	Stone line slett				
	Describe covered person's status, employment or investment in	the ou	tside institution, entity, private bu	siness, or personal	contract
	Outside institution, entity, business or person's address and pho			•	
	Outside institution, entity, business or person's address and pho-	ne nun	mber		
0.	Describe below the nature of the assistance you are providing to the nature of the economic interest or employment you hold is between the business, institution, person, etc. and Salt Lake Conaccepted as valid unless this section is completed.) The Complete of the economic interest or employment you hold is between the business, institution, person, etc. and Salt Lake Conaccepted as valid unless this section is completed.) The Complete of the economic interest or employment you hold it between the business, institution, person, etc. and Salt Lake Conaccepted as valid unless this section is completed.) The Complete of the economic interest or employment you hold it between the business, institution, person, etc. and Salt Lake Conaccepted as valid unless this section is completed.) The Complete of the economic interest or employment you hold it between the business, institution, person, etc. and Salt Lake Conaccepted as valid unless this section is completed.)	in the pounty.	private business. Also describe the Use more sheets if necessary. (The Sec	ne relationship with is disclosure statem	or transaction nent will not be
		Соус	fered Person's Signature		
SU)	SSCRIBED and SWORN to before me this 24 day of	E	ma donder		
[SE	NOTARY PUBLIC -STATE OF UTAH My Comm. Exp 08/07/2020 Commission # 690406	_	SARY PUBLIC, Residing in Call Labor Charles Ch	unty UT State	

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Ui un	nder the provisions of nder penaltjes of perju	the County Offic	ers and Employed	es Disclosure A	ct, §§ 17-16a-1 e	et seq., U.C.A., 19	53 as ameno	led, I, the under	signed,
A.	Mark Covered Person*	Popeots	wing statement t	Youth	Wate business in Well County Division		_		4452
	Salt Le Covered Person's C	Wa Co	mfy	Youth_	Some	5		County Phone	
В.		im A	Norten	Barr	ces				
	Pam P Describe covered pe	Danit	- Thin		ifolds in the cl				
	Sut Outside institution,	er-o	City	-		entity, private bi	isiness, or pe	ersonal contract	
C.	Describe below the the nature of the edbetween the busine	nature of the assistantial conomic interest of ss, institution, per	stance you are pro or employment yo son, etc. and Sali	oviding to the i ou hold in the Lake County.	nstitution, entity, private business. Use more sheets	Also describe tl if necessary <i>(Tl</i>	ne relationsh his disclosur	nip with or trans	saction
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	toleadin) VLD	Cm5	of pu	conjos	,			
				1	Marx		6		
su	BSCRIBED and SW	ORN to before me	this 22	lay of Jav	rered Person's Sin	gnarure , 20 <u>/</u>)		
	(B) NOT	INA LANDF ARY PUBLIC -STAT by Comm. Exp 06/6 Commission # 69	E OF UTAH 17/2020	ИО. ИО.	TARY PUBLIC,	Mary Residing in		, 1 ···	
SE	EAL	Commission & Go		Сон	nty	~ counc	7	State	

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Ur	der the provisions of the County Officers and Employees Disclosure Act, §§ 17-16a-1 et seq., U.C.A., 1953 as amended, I, the undersigned,
un	to populates of perjury, make the following statement regarding my private business interests. (Type or print all information)
A.	Marcus Partow York Norther 385 468-4000 Covered Person*
	County Phone
	Covered Person's County Address SLC VI 84/15
В.	JJS Gems kne Cikk Residental
D,	Outside institution, entity, private business or person involved
	She , UT.
	Describe covered person's status, employment or investment in the outside institution, entity, private business, or personal contract
	as a youth angelon
	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 World for JJS as a Coursolur, my j'db there doesn't
	effect my Job here with Youth Services
	Augus Part
	Outh n
SUI	BSCRIBED and SWORN to before me this ATT day of January, 20 18.
	INA LANDRY NOTARY PUBLIC, Residing in
	My Comm. Exp 06/07/2020
SE	AL] Commission # 690406 County State

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Under the provisions of the County Officers and Employees Disclosure Act, §§ 17-16a-1 et seq., U.C.A., 1953 as amended, I, the undersigned, under penalties of perjury, make the following statement regarding my private business interests. (Type or print all information.) side institution, entity, private business or person involved Describe covered person's status, employment or investment in the outside institution, entity, private business, or personal contract de institution, entity, business or person's address and phone number 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.) SUBSCRIBED and SWORN to before me this day of DYARY PUBLIC STATE OF LITH Comm. Eur 08/07/2020

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[SEAL]

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

State

9

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 I	Disclosure Act, §§ 17-16a-1 et	seq., U.C.A., 1953 as amended, I	, the undersigned,
under penalties of perjury, make the following statement regard.	heading my private business inte	rests. (Type or print all informa 801– 7.18	tion.) 7-7736
Covered Person* The Price Av.	osition* or County Division	A. 84115	nty Phone
Covered Person's County Address B. Mud Bud + Spuil	- Cunselin	LLC	
Outside institution entity, private Jusiness or person invo	olved d		
Describe covered person's status, employment or investment of the status	Mle 125 -	ntity, private business, or person	al contract 90
C. Describe below the nature of the assistance you are provided the nature of the economic interest or employment you between the business, institution, person, etc. and Salt Lancepted as valid unless this section is completed.)	ding to the institution, entity, pre- hold in the private business. ake County. Use more sheets in	Also describe the relationship w f necessary. (<i>This disclosure sta</i>	ith or transaction tement will not be
AS a thenapist, I prov to adult patients. This	ide Psycho	thenopy and	assessments
to adult patients. This	does not in	Herfere with	My
Position at North Servi	ian. Laru	· Rale_	O
	Covered Person's Sign	nature	
SUBSCRIBED and SWORN to before me this 24 day	or January	, 20 18 _,	
JORDAN DAVID HALL Notary Public State of Utah My Commission Expires on:	Hotary Public, R	32205 Main st esiding in	iste, ut ealist
December 28, 2019 Comm. Number: 688562	SALT LAKE County	State	

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uno	der penalties of perju	ry, make the following states	nent regarding my private busine	ss interests. (Type or pr	int all information.)
A.	Covered Person*		Position* or County Divi	gion	385, 315, 1413 County Phone
•			V Tosition of County Divis	Sion	County Phone
	Covered Person's Co	ounty Address			
В.	Serenit	y Recaser		VSS.	
	<u> </u>	entity, private business or pe	rson involved		
	Describe covered pe	rson's status, employment o	r investment in the outside institu	tion entity private busi	ness or nersonal contract
	1741	s Crossino	- 1		ness, or personal contract
	Outside institution,	entity, business or person's a		RIOEIIA	<u> </u>
C.	the nature of the ed between the busine	conomic interest or employn	are providing to the institution, entert you hold in the private bushed Salt Lake County. Use more sleed.)	ness. Also describe the	relationship with or transaction
	Putting	10p treatm	ent program	together	
			Nie	uller	od
		^ A	Covered Person	^	•
SUI	BSCRIBED and SW	ORN to before me this	day of Union	2018	
		***	and	thorde	
		INA LANDRY	NOTARY PUB	LIC, Residing in	
es.	AL]	My Comm. Exp 06/07/00	00 I — V	alle	<u> </u>
ΓΩΤΆ	(31)	Commission # 690406	County		State
Thi	s statement is a pub	lic document. It must be f	iled with the covered person's in	nmediate supervisor, ve	olunteer or community liaison,

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SALT LAKE COUNTY DISCLOSURE STATEMENT

Violation of these provisions may subject the officer, employee or board member to disciplinally 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 THELAW, NOT THIS REVIEW. Feel free to direct any questions regarding the law's ethical and disclosure requirements to the CMI DMIston of the Office of the District Attorney.

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

ti je	nder the provisions of the Utah Public Employees' and Officers' Ethics Act, §§ 67-16-1 et seq.; U.C.A., 1953 as amended and a County Officers and Employees Disclosure Act, §§ 17-16a-1 et seq., U.C.A., 1953 as amended, I, the undersigned, under inalties of perjury, make the following statement regarding my private business interests. (Type or print all information.)
Α.	Carol Hendrycks 4004 Services 385-468-4 County Employee Employed in (County Division) County Phone
	1877 Meadownoor Road, Hollany, UT84117 Employee's Address
В.	Holladan Journal
	Outside institution, entity, private business or person involved Whater - Education Beat
	Describe county employee's position or investment in the outside institution, entity, private business, or personal contract 7500 500 (1). #205 801, 254 - 59, 761
	Outside institution, entity, business or person's address and phone number Describe below the nature of the assistance you are providing to the institution, entity, private business or person named
	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 velid unless this section is completed.).
	Write stories for local paper on Holladay school/education activities
	school/education activities
	Caul W Employee Signature
	SUBSCRIBED and SWORN to before me this A3rd day of Danuary ,20 18.
	MOTARY PUBLIC STATE OF UTIME
	My Comm. Exp 06/07/2020 Commission # 690406 Good (Q)
	[SEAL] 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.

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. Moria Viviaua Flores Youth Worker 3854684463
Covered Person* Position or County Division County Phone Lake Cuty K.S.L family Share. com Describe covered person's status, employment or investment in the outside institution, entity, private business, or personal contract 55 N 300 W 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 Job Like a Writer and Editor do not affect SUBSCRIBED and SWORN to before me this **INA LANDRY** NOTARY PUBLIC -STATE OF UTAM

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My Comm. Exp 06/07/2020 Commission # 690406

[SEAL]

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

A. Hacken to Dollar Town Sepurces Votto 385 – 485 – 450 (Covered Person* Position* or County Division County Phone Covered Person's County Address

B. Dos By Device Tox.

Gauside institution, entity, private business or person involved

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

Dark Of Return Rain States.

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

126 F 68 S M. (1) 10 11 2060

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.)

SUBSCRIBED and SWORN to before me this

day of

Covered Person's Signature

. 20. 1.8

NOTARY PUBLIC, Residing in

Soft Lake Count

State

(SEAL)

INA LANDRY
NOTARY PUBLIC -STATE OF UTAH
My Comm. Exp 08/07/2020
Commission # 690406

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Und und	er the provisions of the Cor er penalties of perjury, mak	enty Officers and Employ	ees Disclosure Act, §§	17-16a-1 et se	eq., U.C.A., 1953 as	amended, I, the undersigned.
Α.	Lava B	Ellswork	FRF	Your	Serviles	Ill information.) 80/c 300 c 1/6 2 County Phone
1	overed Person*	• • / · / • · \	Position* or Count	y Division		County Phone
-	Jovered Parson's Course A	able Day a	ve brager,	Utah	84620	
•	11. 11	duress	/ '			
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(Outside institution, entity, b	usiness or person's addre	ss and plane number	1110, 00,	The 8412.	<u>3 801,979.</u> 1351
C.			•			
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SUB:	SCRIBED and SWORN to	before me this 22				
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SEA	L) CON	IM. EXP. 12-09-2020	County	<u> </u>	-	State
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Under the provisions of the County Officers and Employees Disclosure Act, §§ 17-16a-1 et seq., U.C.A., 1953 as amended, I, the undersigned, under penalties of perjury, make the following statement regarding my private business interests. (*Type or print all information*.)

177 W- PRICE AVE, SALT LAKE CITY, UTAH 84115 Covered Person's County Address	A.	VASON S	. DAVIDSON	YOWTH WORKER/13	2 385-468-4500 County Phone
B. Toulny's Address B. Toulny's Address Dutside institution, entity, private business or person involved TRANS PORT AGENT — ESCARTINE AT JUSE / TROUBLED YANTH Describe covered person's status, employment or investment in the outside institution, entity, private business, or personal contract TEDD W. LAKE MEAD BUD LAS VEIDS NV. 8910B 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 detenature of the economic interest or employment you hold in the private business. Also describe the relationship with or transport the business, institution, preson, etc. and Salt Lake County. Use more sheets if necessary. (This disclosure statement will reaccepted as valid unless this section is completed.) SUBSCRIBED and SWORN to before me this Agend day of Danuary 2018. NOTARY PUBLIC, Residing In MALADRY 1800 BOOK 1800 BOO		Covered Person*	20	Position* or County Division	
Describe covered person's status, employment or investment in the outside institution, entity, private business, or personal contract TEDD W. LAKE MEAD BUD LAS VEGAS NV. 8910B 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 det the nature of the conomic interest or employment you hold in the private business. Also describe the relationship with or transpose between the business, institution, person, etc. and Salt Lake County. Use more sheets if necessary. (This disclosure statement will accepted as valid unless this section is completed.) SUBSCRIBED and SWORN to before me this 2010 day of 2018. NOTARY PUBLIC, Residing to 2018. NOTARY PUBLIC, Residing to 2018. NOTARY PUBLIC, Residing to 2018.		177 W - 1 Covered Person's Cour	PICE AVE,	SACTLAKE COTY, WHAH	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 detentance of the economic interest or employment you hold in the private business. Also describe the relationship with or transfer between the business, institution, person, etc. and Salt Lake County. Use more sheets if necessary. (This disclosure statement will accepted as valid unless this section is completed.) Covered Person's Signature SUBSCRIBED and SWORN to before me this address of the property of the private business. Also describe the relationship with or transfer between the business, institution, person, etc. and Salt Lake County. Use more sheets if necessary. (This disclosure statement will accepted as valid unless this section is completed.) SUBSCRIBED and SWORN to before me this address of the private of the pr	В.	Outside institution, enti	ADOLESCENT ity, private business or person	Services, LLC on involved	866-556-2926
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 detentance of the economic interest or employment you hold in the private business. Also describe the relationship with or transfer between the business, institution, person, etc. and Salt Lake County. Use more sheets if necessary. (This disclosure statement will accepted as valid unless this section is completed.) Covered Person's Signature SUBSCRIBED and SWORN to before me this address of the property of the private business. Also describe the relationship with or transfer between the business, institution, person, etc. and Salt Lake County. Use more sheets if necessary. (This disclosure statement will accepted as valid unless this section is completed.) SUBSCRIBED and SWORN to before me this address of the private of the pr		TRANS PORT Describe covered perso	AGENT - ESC n's status, employment or in	CORTING AT PUSE / TROM nvestment in the outside institution, entity, p	BLED YMTH
SUBSCRIBED and SWORN to before me this 2000 day of NOTARY PUBLIC, Residing to STATE OF UTAN STATE OF					
SUBSCRIBED and SWORN to before me this 22nd day of 2018. WALANDRY NOTARY PUBLIC, Residing in SEAL 1 SEAL 1 SOURCE OF UTAN OF COUNTY STATE OF UTAN OF COUNTY SEAL 1	C.	between the business,	omic interest or employment institution, person, etc. and	nt you hold in the private business. Also de Salt Lake County. Use more sheets if necess	scribe the relationship with or transaction
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SUBSCRIBED and SWORN to before me this 22nd day of 2018. WALANDRY NOTARY PUBLIC, Residing in SEAL 1 SEAL 1 SOURCE OF UTAN OF COUNTY STATE OF UTAN OF COUNTY SEAL 1				Covered Person's Signature	de
SEAL STATE OF UTAN My Comm. Exp 06/07/2020 Seal Laure County UT	SUE	BSCRIBED and SWORI	N to before me this	_	20 18 .
SEAL STATE OF UTAN My Comm. Exp 06/07/2020 Seal Laure County UT			INA LANDRY	And dand NOTARY PUBLIC, Residing	10
	SE		Ny Comm. Eus 06/07/2020	Balt Laile	County UT

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

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DISCLOSURE OF FRIVALE 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. Angelie (Ama) Consister - Yorth Senicer Grap Sypentry Covered Porson* Position* or County Division County Phone
3416 S Carrick Dr
Covered Person's County Address
B. Swenile Justice Senices
Outside institution, entity, private business or person involved
Trainer TIL 3522 C +780 W 84119
Trainer III, 3522 5 780 W 84119 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.) Trainer for Division Carry no cases clients in this possition.
ITS is a state agency - in which I help of training
as A fill time sob
Covered Person's Signature
SUBSCRIBED and SWORN to before me this 24Tr day of January, 2018.
INA LANDRY NOTARY PUBLIC, STATE OF UTAH My Comm. Exp 06/07/2020 Commission # 690406 NOTARY PUBLIC, Residing in 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 refiled every January, as long as the potential conflict persists.

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· Flianbet	h Couther	~	Youth	Soulling	285-11.0-6
Covered Person*	1 Cangrill	Position* o	or County Division	Jet VIII 3	County Phone
Covered Person's Count	y Address	 ,			
B. Outside institution entity	y, private business or person i	PIN	1C.		
Facilit	125				
Describe covered person	s status, employment or inve	stment in the	outside institution	, entity, private busine	ss, or personal contract
11686	21005	0	826	84106	7
	, business or person's addres	s and phone i	number		
C. Describe below the nature of the econor	re of the assistance you are pr	oviding to the	institution, entity,	, private business or per	son named above, or describe
between the business, in	nic interest or employment v	ou hold in th	e private business	 Also describe the re 	lationship with or transaction
between the business, in	nic interest or employment y stitution, person, etc. and Sal	ou hold in th	July 2015	Also describe the rest of the	rson named above, or describe lationship with or transaction sclosure statement will not be
the nature of the econor between the business, in accepted as valid unless	nic interest or employment y stitution, person, etc. and Sal this section is completed.)	ou hold in th	e private business	Also describe the rest if necessary. (This distributed in the control of the cont	lationship with or transaction
between the business, in	nic interest or employment y stitution, person, etc. and Sal this section is completed.)	ou hold in th	July 2015	Also describe the rest of the	lationship with or transaction
the nature of the econor between the business, in accepted as valid unless	nic interest or employment y stitution, person, etc. and Sal this section is completed.)	ou hold in the take County	July 2015	Also describe the rest of necessary. (This distributed in the control of the cont	lationship with or transaction

division director, department director or elected official, and the County Council. It must be filed when the potential conflict arises and refiled every January, as long as the potential conflict persists.

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

Ivan Bakubi

Youth worker

	Covered Person* Position* or County Division County Phone	
	177 W Price AVE SLC 84115	
	Covered Person's County Address	
В.	LOS Humanterean Center	
	Outside institution, entity, private business or person involved	
	Job Coach	
	Describe covered person's status, employment or investment in the outside institution, entity, private business, or personal contract	
	1665 5 Bernette 12d Sout lake City Wah	
	Dutside 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. (<i>This disclosure statement will not be accepted as valid unless this section is completed.</i>)	
岐	the alob coach trainer, I do nelp repugees to learn work and ea	lum
	suits to neep them towards becoming Self Sufficient.	A. S.
*	I help associates to I dentify and we placed into employment to	pro-
	Various washing skills.	(
•	Plan. Covered Person's Signature	wew
SU	SCRIBED and SWORN to before me this 24th day of 2018.	
[SE	INA LANDRY HOTARY PUBLIC STATE OF UTAN My Comm. Exp 08/07/2020 Commission # 690406 NOTARY PUBLIC, Residing in Sub-Lake UT County State	

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und	der the provisions of the County Officers and Employees Disclosure Act, §§ 17-16a-1 et seq., U.C.A., 1953 as amended, I, the undersigned, der penalties of perjury, make the following statement regarding my private business interests. (Type or print all information.)
A.	Corylun Ubarra Program Manager 295-469-4445
В.	Covered Person's County Address Covered Person's County Address Covered Person's County Address County Phone Covered Person's County Address Covered Person's County Address Covered Person's County Address Covered Person's County Address Covered Person's County Division Covered Person's County Division Covered Person's County Division Covered Person's County Address Covered Person's Covered Person Involved Covered Person Involved Person Involved Person Involved Covered Person Involved Person Involve
	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.) Ohly Work With Drivate Insurance of the assistance you are providing to the institution, entity, private business or person named above, or describe the relationship with or transaction between the 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.) Ohly Work With Drivate Insurance of the institution, entity, private business or person named above, or describe the relationship with or transaction between the private business. Also describe the relationship with or transaction between the business of person named above, or describe the relationship with or transaction between the business. Also describe the relationship with or transaction between the business. Also describe the relationship with or transaction between the business of person named above, or describe the relationship with or transaction between the business. Also describe the relationship with or transaction between the business. Also describe the relationship with or transaction between the person named above, or describe the relationship with or transaction between the private business. Also describe the relationship with or transaction between the person named above, or described the person named above, or described the person named above, or described the private business.
SUI	Covered Person's Signature BSCRIBED and SWORN to before me this day of 0 WWW , 20 9 INA LANDRY HOTARY PUBLIC - STATE OF UTAM My Comm. Exp 06/07/2028 Commission # 690408 Covered Person's Signature 0 WWW , 20 9
SE	AL] 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 refiled every January, as long as the potential conflict persists.

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Under the provisions of the County Officers and Employees Disclosure Act, §§ 17-16a-1 et seq., U.C.A., 1953 as amended, I, the undersigned. under penalties of perjury, make the following statement regarding my private business interests. (Type or print all information.) Covered Person's County Address re suc Employee AssisTANCE Describe covered person's status, employment or investment in the outside institution, entity, private business, or personal contract 840 E 4500 5. # TOZ SIC 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.) PROVIDE PART TIME THERAPY -SUBSCRIBED and SWORN to before me this day of INA LANDRY NOTARY PUBLIC -STATE OF UTAH JBLIC, Residing in My Comm. Exp 06/07/2020 Commission # 690406 [SEAL] State

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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. Desines Steadnan-6-alleston Covered Person* A. Desines Steadnan-6-alleston Covered Person* A. Desines Steadnan-6-alleston County Division County Phone
Covered Person's County Address So Salt Cake City 84115
B. MEHR Therapeutic Counciling Services P. L. L. C. Outside institution, entity, private business or person involved
Describe covered person's status, employment of 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. (<i>This disclosure statement will not be accepted as valid unless this section is completed.</i>)
my position does not interfere with my Jub here at Jouth Services.
at Jouth Services.
24Th Covered Person's Signature
SUBSCRIBED and SWORN to before me this
INA LANDRY NOTARY PUBLIC - STATE OF UTAM My Comm. Exp 06/07/2020 Commission # 690406
[SEAL] County State

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

A.	Derek E. Lentz Full-time Merit Graveyard Youth Worker (385) 468-4465 Covered Person* Position* or County Division County Phone
	Crisis Kesidential, 177 W. Price AVE, Salt Lake City, UT 84115 Covered Person's County Address
В.	Deseret Industries Outside institution, entity, private business or person involved
	Job Coach Trainer 2 (Full-time employee)
	Describe covered person's status, employment or investment in the outside institution entity, private business, or personal contract
	Descret Industries, 2140 S. 800 E. Salt Lake City, UT 84106-1892 (80)486-347 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, Derek E, Lentz, am Simply a full-time employee of Deseret Industries, and I have no other interest in that company. There is no conflict of interest between Deseret Industries.
	There is no conflict of interest between Deseret Industries
	and Salt Lake County Youth Services, so I have no conflict
	of interest being employed at both employers. 18th Seven Signature Lendy Level ferth
SU	BSCRIBED and SWORN to before me this
[SE	JASON CLOWARD Notary Public • State of Utah Commission # 694184 My Commission Expires April 1, 2021 Salt Lake County State

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un	der penalties of perjury, make the following statement regarding my private business interests. (Type or print all information.)
A.	Kent G. Larson Family Therapist Touth Sences 385-468-4 Covered Person* Position* or Jounty Division County Phone
	Covered Person's County Address Salt Lake City, UT 84115
В.	Outside institution, entity, private business or person involved
	Private Counseling office part time of trenages on actual 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.)
	Indudual, couples, and family counseling in my private. home office for teenagers - adults
	Covered Person's Signature
SU	BSCRIBED and SWORN to before me this
[SE	INA LANDRY NOTARY PUBLIC -STATE OF UTAH My Comm. Exp 06/07/2020 Commission # 690406 County State

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Under the provisions of the County Officers and Employees Disclosure Act, §§ 17-16a-1 et seq., U.C.A., 1953 as amended, I, the undersigned, under penalties of perjury, make the following statement regarding my private business interests. (Type or print all information.) Case Manager
Position* or County Division Covered Person's County Address ate business or person involved Describe covered person's status, employment or investment in the outside institution, entity, private business, or personal contract 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.) II M a sales associate. I primarily sale baby furniture and bedding. The job does not conflict with my role + responsibilities with a country, facilarse SUBSCRIBED and SWORN to before me this **INA LANDRY**

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

[SEAL]

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Ur un	der the provisions of the County Officers and Employees Disclosure Act, §§ 17-16a-1 et seq., U.C.A., 1953 as amended, I, the undersigned, der penalties of perjury, make the following statement regarding my private business interests. (<i>Type or print all information</i> .)
A.	Covered Person* Case Wavager 385 468-4613 Position* or County Division County Phone
	2781 S Redwood Rd West Jordan UT 24088 Covered Person's County Address
В.	Outside institution, entity, private business or person involved
	Biblical Counceller 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.	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.)
	Counseling people from a biblical basis. Teaching how the bible can help with helping in their lives.
	Covered Person's Signature
SU	BSCRIBED and SWORN to before me this 34th day of 50nuary, 2018.
	INA LANDRY NOTARY PUBLIC Residing in
[SE	MOTARY PUBLIC - STATE OF UTAN My Comm. Exp 08/07/2020 Commission # 690406 NOTARY PUBLIC, Residing if U County State

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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. (<i>Type or print all information.</i>)
A. Klondra Kees Family Thempt 385-408-4475 Covered Person* Position* or County Division County Phone Covered Person's County Address
B. I'm ME! Project Counseling ILC Outside institution, entity, private business or person involved
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 (801) 893-4633
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. (<i>This disclosure statement will not be accepted as valid unless this section is completed.</i>)
As a Diconced Marriage + Family therapist Lorking in my own Practice Roviding sorvices to homorocial adoptees and their families, my role does not interfere with my position wisco.
OWN Practice Rouding sorvices to transfocial adoptees and their
families, my role does not interfere with my position at sillo.
SUBSCRIBED and SWORN to before me this 22nd day of 2018.
NOTARY PUBLIC, Residing in
[SEAL] NOTARY PUBLIC -STATE OF URNA My Comm. Exp 06/07/2029 Soft Low 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 refiled every January, as long as the potential conflict persists.

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Under the provisions of the County Officers and Employees Disclosure Act, §§ 17-16a-1 et seq., U.C.A., 1953 as amended, I, the undersigned, under penalties of perjury, make the following statement regarding my private business interests. (<i>Type or print all information</i> .)
A. Minapraria Koplin Young Services 385-468-4541 Covered Person* County Phone County Phone
Covered Person's County Address Covered Person's County Address
B. SALT Lake Behavioral Health. Outside institution, entity, private business or person involved
Describe covered person's status, employment or investment in the outside institution, entity, private business, or personal contract
Sol-264-6000 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.) Choice Walker - Maker 3 and Salt Salt Salt Salt Salt Salt Salt Salt
Covered Person's Signature
SUBSCRIBED and SWORN to before me this and day of January, 2018.
INA LANDRY NOTARY PUBLIC, Residing in My Comm. Exp 06/07/2020 Commission # 690406 NOTARY PUBLIC, Residing in County State

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DISCLOSURE OF PRIVATE BUSINESS INTERESTS (Use one form for each outside business entity, instit	ution, or	person involved	l.)
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une	der the provisions of the County Officers and Employees der penalties of perjury, make the following statement req	Disclosure Act, §§ 17-1 garding my private busin	6a-1 et seq., U. ess interests. (C.A., 1953 as ame Type or print all in	nded, I, the undersigned, Iformation.)
A.	David Christensen Covered Person*	The roots Position* or County Dis	}	385	468 452 2 County Phone
	177 W. Price Ave Covered Person's County Address	e SLc	UT	84115	.
В.	ACES Outside institution, entity, private business or person in	volved	- MA W		
	Describe covered person's status, employment or investi	ment in the outside insti	tution, entity, pr	rivate business, or	personal contract
	1354 E 3300 S. So. S Outside institution, entity, business or person's address	Salt Lake		84115	801 265-81
C.	Describe below the nature of the assistance you are provide nature of the economic interest or employment you between the business, institution, person, etc. and Salt accepted as valid unless this section is completed.)	u hold in the private bu	siness. Also de	scribe the relation	ship with or transaction
	Assessments, individual.	therapy an	d group	s for a	dult
	domestic violence and s	substance	abuse o	sfænder.	7 -
		Covered Perso	on's Signature	histo	rev
SU	BSCRIBED and SWORN to before me this	ay of Januar	-	, 20 <u>18</u> .	
	INA LANDRY	NOTARY BIL	Dandy BLIC, Residing	4	
	NOTARY PUBLIC -STATE OF UTAH My Comm. Exp 06/07/2020	DA AL	. ("	(1) ·

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County

[SEAL]

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State

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,

un	penalties of perjury, make the following statement regarding my private business interests. (Type or print all information.)	
A.	David Christenson therapist 385 4168 4522 overed Person* Position* or County Division County Phone	1
В.	overed Person's County Address Salt Lake County Parks + Rec. (Acord 1ce center) rutside institution, entity, private business of person involved	
	Volunteer hockey coach rescribe covered person's status, employment or investment in the outside institution, entity, private business, or personal contract \$353 w 3100 s West Valley City 84120 385468 19 rutside institution, entity, business or person's address and phone number	96
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.)	
	ion youth hockey practices and supervise game play.	

SUBSCRIBED and SWORN to before me this

INA LANDRY

NOTARY PUBLIC -STATE OF UTAH

My Comm. Exp 08/07/2020

Commission # 690406

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State

[SEAL]

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Un une	der the provisions of der penalties of perjur	the County Officers and E ry, make the following sta	mployees Disclosu tement regarding n	re Act, §§ 17-16a-1 et se ny private business intere	eq., U.C.A., 1953 as ests. (<i>Type or print</i>	amended, I, the unall information.)	idersigned,
A.	Frank Covered Person*	Bedolla	ASP (or County Division	Sal	H Lake County Pho	8017921057
	Covered Person's Co	77 Price	Aue			4115	
В.		entity, private business or	person involved	litien of	Stuly		
	Boans Describe covered per	rson's status, employment	or investment in the	ne outside institution, en	tity, private busines	s, or personal cont	tract
	Outside institution, e	entity, business or person'	a address and phon	e number			
C.	the nature of the ec between the busines	nature of the assistance ye conomic interest or emplo ss, institution, person, etc. nless this section is compl	yment you hold in and Salt Lake Cou	the private business. A	Also describe the related in the rel	ationship with or sclosure statement	transaction will not be
		t e _l	÷				,
			_	Dell B Covered Person's Signa	se de la		
SU	BSCRIBED and SWO	ORN to before me this	day of	January	, 20 <u>18</u> .		
[SE	EAL]	INA LANDRY NOTARY PUBLIC -STATE OF My Comm. Exp 06/07/20 Commission # 69040	20	NOTARY PUBLIC, Re Salt Lal County	siding in	State	
				•			

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Under the provisions of the County Officers and Employe under flexal ies of perjury, make the following statement	tes Disclosure Act, §§ 17-16a-1 et seq., U.C.A., 1953	as amended, I, the undersigned,
	Position* or County Division	385-465-450
Covered Person*	Position* or County Division	County Phone
Covered Person's County Address	The Mark Profession Control of the C	
Ť,	1000	
B. Smills Lood + Drug Outside institution, entity, private business or person	J SmG1	
Status fart time	: and PRN	
Describe covered person's status, employment or inve	_	ness, or personal contract
Day Break Stae Outside institution, entity, business or person's address	Sact Palace	
C. Describe below the nature of the assistance you are prothed the nature of the economic interest or employment of the between the business, institution, person, etc. and Sa accepted as valid unless this section is completed.) Somi DA. Hoods DRAG Sacrawa Sacra	you hold in the private business. Also describe the	relationship with or transaction
SUBSCRIBED and SWORN to before me this	Covered Person's Signature	Socia.
INA LANDRY NOTARY PUBLIC -STATE OF UTAH My Comm. Exp 06/07/2020 Commission # 690406	7 Ino Landy	Utch State

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Ur un	nder the provisions of the County Officers and Employees Disclosure Act, §§ 17-16a-1 et seq., U.C.A., 1953 as amended, I, the undersigned der penalties of perjury, make the following statement regarding my private business interests. (<i>Type or print all information</i> .)
	Andrew Aragon Yorth Services 385-468-4500
	177 W Price Ave 1 Salt Lake City, Vt 84116 Covered Person's County Address
В.	$\rho_{aa} = 1.11$
	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.)
	I work as a visual editor where I edit stories, long out
	Physes twrite headlines. I do not work on or edit any
	stories that have to deal with Salt Lake County
SU	Covered Person's Signature BSCRIBED and SWORN to before me this 21th day of 20th day of 20th day.
[SE	INA LANDRY NOTARY PUBLIC. STATE OF UTAH My Comm. Exp 06/07/2020 Commission # 690408 NOTARY PUBLIC, Residing in Soft Labe County State

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un	der penalties of perjury, make the following sta	Employees Disclosure Act, §§ 17-16a-1 et seq., Unitement regarding my private business interests.	.C.A., 1953 as amended, I, the undersigned, (Type or print all information.)
A.	Douglas B. Bunker Covered Person*	Youth Services	385-468-4516
	_		County Phone
	Covered Person's County Address		
В.	Private practice of outside institution, entity, private business or	Psychology person involved	
	Sole proprietor / ino	legendent practice tor investment in the outside institution, entity, p	nrivate business or personal contract
		>. 1008 5.1300 E, 5LC 's address and phone number	
C.	the nature of the economic interest or employees the business, institution, person, etc accepted as valid unless this section is comp	ou are providing to the institution, entity, private loyment you hold in the private business. Also do and Salt Lake County. Use more sheets if necestaleted.)	escribe the relationship with or transaction sary. (This disclosure statement will not be
	I am the sole propr	vetor and only employ here are no transaction	ee of this part-time
	private practice, 1	neve are no transaction	s or relationships
	between this private f	practice and Salt lake	e County
		Douglas 13 Covered Person's Signature	Bunkey
st	JBSCRIBED and SWORN to before me this	day of January	_ 20 <u>/8</u> .
		Ilm Jan	1
	INA LANDRY		g ių
co	NOTARY PUBLIC -STATE O My Comm. Exp 06/07/2 Commission # 6904	2020 Salt Cald	UT

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State

Un un	der the provisions of the County Officers and Employees Disclosure Act, §§ 17-16a-1 et seq., U.C.A., 1953 as amended, I, the undersigned, der penalties of perjury, make the following statement regarding my private business interests. (Type or print all information.)
A.	Covered Person* Program Manager Touth Services 385-468-448 Position* or County Division County Phone
	177 W Price Ave She UT 84115 Covered Person's County Address
В.	Dasignt Counted Services Outside institution, entity, private business of person involved
	Describe covered person's status, employment or investment in the outside institution, entity, private business, or personal contract
	963 N. 1025 E. Ogden UT 84404 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.)
	Psychosherupy Individuals, Couples, Families, Euroups
	Psychotherapy Individuals, Couples, Families, Europes No transactions with SeltLake County
	Sovered Person's Signature
SU	BSCRIBED and SWORN to before me this and day of January, 2018.
	INA LANDRY NOTARY PUBLIC, Residing in
[SE	NOTARY PUBLIC -STATE OF UTAN My Comm. Exp 06/07/2020 Commission # 690408 AL] NOTART TO BLIC, Residing all County State

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Under the provisions of the County Officers and Employees Disclosure Act, §§ 17-16a-1 et seq., U.C.A., 1953 as amended, I, the undersigned,	
um	der penalties of perjury, make the following statement regarding my private business interests. (Type or print all information.)
A.	Covered Person* Supervisor SLCU York Services Position* or County Division County Phone
	County I note
	Covered Person's County Address
В.	Valley Behavioral Health
	Outside institution, entity, private business or person involved
	PRN w/ Valley have not worked any hours
	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
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	I made who dust clients in
	1 West & volument cities
	the COKE program. No youth
	I work w/adult clients in the Core program. No youth involved thus no cross over June
	Dans I Just
	Covered Person's Signature
OT I	
SU	BSCRIBED and SWORN to before me this
	In Standay
	NOTARY PUBLIC, Residing II
rae	Commission # 690408 301- La Da UT
[SE	[AL] County State

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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.) Covered Person's County Address Outside institution, anity, private thisiness or person involved Self employed 801-634-8780

Describe covered personal status, employment or investment in the outside institution, entity, private business, or personal contract 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.) sell wickless candles to private individual people. hon- County SUBSCRIBED and SWORN to before me this INA LANDRY

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

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