



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:

**Merit Employees**

John Daniel Tisdale	Youth Worker
Lisa Whitehead	After School Program Assistant
LeVaughn Wilkins	Youth Worker
Krysta Thomas	Youth Worker
Mark Roberts	Youth Worker
Marcus Paxton	Youth 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	Youth Worker
Kent Larson	Family Therapist
Karl Larsen	Youth Services Case Manager
Jeffrey Langworthy	Youth Services Case Manager
Lorri Lake	Family Therapist
Minamaria Koplin	Program Manager
Jillian Hill	Case Management Supervisor
JD Green	Program Manager
Keondra Rees	Family Therapist
Laura Ellsworth	Family Resource Facilitator
Erin Dixon	Group Home Supervisor
Paula DeBoe	Youth Worker
David Christensen	Family Therapist
Douglas Bunker	Family Therapist
Francisco Bedolla	After School Program Coordinator
Christine Antocchia	Youth Worker
Timothy Andrew Aragon	Group Home Supervisor
Jamie Heckert	Youth Worker
Taniela Mau Fangupo	Youth Worker
Brandi Sandoval	Group Home Supervisor

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. Mai Fanguo Youth Worker 385-468-4452  
Covered Person\* Position\* or County Division County Phone

177 West Price Avenue Salt Lake City UT 84115  
Covered Person's County Address

B. Wasatch Youth Center (Juvenile Justice Services)  
Outside institution, entity, private business or person involved

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

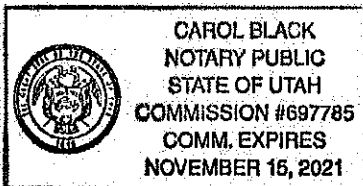
3534 South 700 West Salt Lake City UT 84119 801-265-3830  
Outside institution, entity, business or person's address and phone number

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.)

Monitor schedule, programs are being followed, hold group sessions, etc.

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

Mai Fanguo  
Covered Person's Signature



Carol Black  
NOTARY PUBLIC, Residing in

Salt Lake  
County

Utah  
State

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A. Jillian Hill Youth Services 286-468-4528  
 Covered Person\* Position\* or County Division County Phone

177 West Price Avenue  
 Covered Person's County Address

B. Utah Pride Center  
 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

352 Denver Street, Suite 360 801-639-8800  
 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 therapist at the Utah Pride Center.  
I do not provide therapy services as an employee of SLCO.

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



[SEAL]

Jillian Hill  
 Covered Person's Signature

Ina Landry  
 NOTARY PUBLIC, Residing in

Salt Lake  
 County

UT  
 State

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A. Maribel Hernandez Peer Mentor (385) 242 6272  
Covered Person\* Position\* or County Division County Phone  
177 Price Ave. Salt Lake City, UT 84115  
Covered Person's County Address

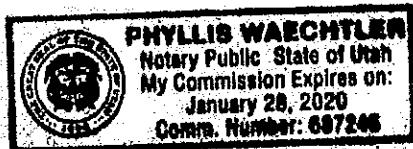
B. Utah Demos. Inc  
Outside institution, entity, private business or person involved  
Part time  
Describe covered person's status, employment or investment in the outside institution, entity, private business, or personal contract  
Martha Tahua (801) 599-7807  
Outside institution, entity, business 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 samples of the products to local stores to further the distribution of our yogurt.

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

Maribel Hernandez  
Covered Person's Signature



[SEAL]

Phyllis Waechtler  
NOTARY PUBLIC, Residing in

Salt Lake  
County

Utah  
State

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2

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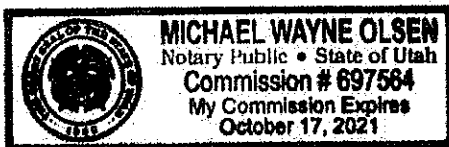
- A. Brandi Sandoval Group Home Supervisor 305-400-4500  
Covered Person\* Position\* or County Division County Phone  
177 W Price Ave SLC, UT 84116  
Covered Person's County Address
- B. Elevation Home Health & Hospice  
Outside institution, entity, private business or person involved  
Social Worker - Employed  
Describe covered person's status, employment or investment in the outside institution, entity, private business, or personal contract  
21 E 100 N #105, American Fork, UT 84003  
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.)

work w/ hospice patients, provide emotional support, will check in-home visits, etc.

Brandi Sandoval  
Covered Person's Signature

SUBSCRIBED and SWORN to before me this 27 day of January, 2018.



[SEAL]

Michael Wayne Olsen  
NOTARY PUBLIC, Residing in  
Salt Lake Utah  
County State

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A. Josephine Cardenas Yacht leader 385-242-6272  
Covered Person\* Position\* or County Division County Phone

177 Price Ave South Salt Lake, UT 84115  
Covered Person's County Address

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

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

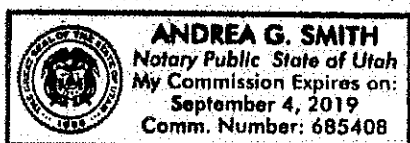
2500 State Street South Salt Lake, UT 84115  
Outside institution, entity, business or person's address and phone number

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.)

Tutor students for multiple schools in Granite school district

Josephine Cardenas  
Covered Person's Signature

SUBSCRIBED and SWORN to before me this 23<sup>rd</sup> day of January, 2018.



[SEAL]

Andrea G. Smith Magna UT  
NOTARY PUBLIC, Residing in  
Salt Lake Utah  
County State

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A. PATRICIA GUEVARA YOUTH LEADER (385)242-6272  
Covered Person\* Position\* or County Division County Phone  
177 PRICE AVE SOUTH SALT LAKE UT 84115  
Covered Person's County Address

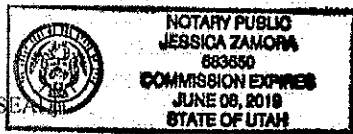
B. GRANITE SCHOOL DISTRICT  
Outside institution, entity, private business or person involved  
PARAEDUCATOR WORK WITH ESL STUDENTS  
Describe covered person's status, employment or investment in the outside institution, entity, private business, or personal contract  
2500 SOUTH STATE STREET SALT LAKE CITY UT 84115  
Outside institution, entity, business or person's address and phone number (385) 646-5600

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.)

Work with students and parents  
that are enrolled in ESL classes.

Patricia Guevara  
Covered Person's Signature

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



Jessica Zamora  
NOTARY PUBLIC, Residing in  
Salt Lake UTAH  
County State

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A. Yessica Andrade Morales North Leader (385) 242-6272  
Covered Person\* Position\* or County Division County Phone

177 W Price Ave, Salt Lake City, Utah 84115  
Covered Person's County Address

B. Granite School district  
Outside institution, entity, private business or person involved

Paramedic Para Educator

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

2500 State Street

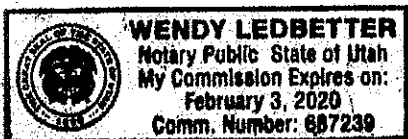
Outside institution, entity, business or person's address and phone number

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Work with Parents and students  
that participate in our ESL classes.

[Signature]  
Covered Person's Signature

SUBSCRIBED and SWORN to before me this 26 day of January, 2018.



[SEAL]

Wendy Ledbetter Notary  
NOTARY PUBLIC, Residing in  
Salt Lake Utah  
County State

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A. Kristine Siler Youth Leader 385-242-6272  
Covered Person\* Position\* or County Division County Phone

177 Price Ave SLC ut 84115  
Covered Person's County Address

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

2500 S. State Street - Substitute teacher  
Describe covered person's status, employment or investment in the outside institution, entity, private business, or personal contract

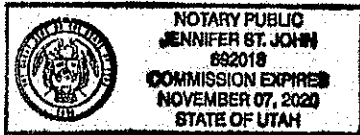
385-646-5000  
Outside institution, entity, business or person's address and phone number

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substitute teacher for multiple  
schools in granite school district.

Kristine Siler  
Covered Person's Signature

SUBSCRIBED and SWORN to before me this 26 day of January, 2018



[SEAL]

Jennifer St. John  
Wells Fargo Bank Magna  
NOTARY PUBLIC, Residing in  
8 Salt Lake Utah  
County State

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A. Cindi Long Fisher Youth Services 3-85-242-6272  
Covered Person\* Position\* or County Division County Phone

177 Price Ave SLC, UT 84115  
Covered Person's County Address

B. Granite School Dist - Elk Run Elem  
Outside institution, entity, private business or person involved

6th Grade Teacher  
Describe covered person's status, employment or investment in the outside institution, entity, private business, or personal contract

385-646-4786  
Outside institution, entity, business or person's address and phone number

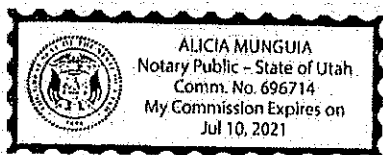
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teach 6th graders at Elk Run Elementary

Cindi Long Fisher  
Covered Person's Signature

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

[SEAL]



[Signature]  
NOTARY PUBLIC, Residing in

Salt Lake  
County

UT  
State

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A. Leslie Morley Teacher 385-242-6272  
Covered Person\* Position\* or County Division County Phone

177 Price Avenue SE, UT 84044  
Covered Person's County Address

B. Granite School District / RAE Marketing, Inc  
Outside institution, entity, private business or person involved

Teacher / Business Holder

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

3550 So. Helen St Magna UT 84044 / 8364 W Allen Av Magna UT 84044  
Outside institution, entity, business or person's address and phone number

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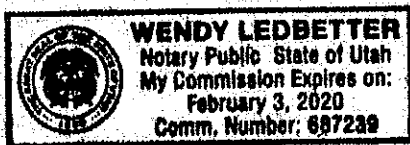
Teacher - Teach in an Elementary school. 2nd grade all subjects.

Business Holder - I am part of a company that sells magazine subscriptions and restaurant discount cards via the internet.

Leslie K. Morley  
Covered Person's Signature

SUBSCRIBED and SWORN to before me this 26 day of January, 2016.

[SEAL]



Wendy LeDbetter Magna  
NOTARY PUBLIC Residing in  
Salt Lake Utah  
County State

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A. Cindy Rasmussen Teacher 385-242-6272  
Covered Person\* Position\* or County Division County Phone  
177 Price Ave, SLC UT 84115  
Covered Person's County Address

B. Granite School Dist  
Outside institution, entity, private business or person involved  
Teacher

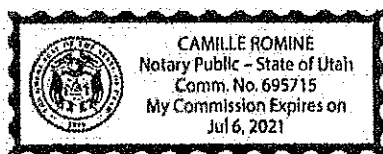
Describe covered person's status, employment or investment in the outside institution, entity, private business, or personal contract

2500 S State St, SLC, UT 84115  
Outside institution, entity, business or person's address and phone number

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Teacher for students at Elk Run Elementary  
- all subjects

SUBSCRIBED and SWORN to before me this 22<sup>nd</sup> day of January, 2018



[SEAL]

Cindy Rasmussen  
Covered Person's Signature  
Camille Romine Magna, UT  
NOTARY PUBLIC, Residing in  
Salt Lake Utah  
County State

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A. Lisa Smits Teacher 385 242 6272  
Covered Person\* Position\* or County Division County Phone

3616 S. Blazing Oak Drive, Magna, UT 84024  
Covered Person's County Address

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

Teacher  
Describe covered person's status, employment or investment in the outside institution, entity, private business, or personal contract  
3550 S. Helen Dr, Magna, UT 84024  
Outside institution, entity, business or person's address and phone number

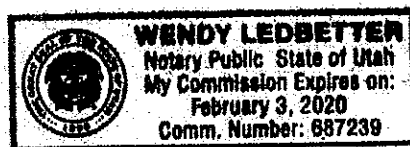
C. Describe below the nature of the assistance you are providing to the institution, entity, private business or person named above, or describe the nature of the economic interest or employment you hold in the private business. Also describe the relationship with or transaction between the business, 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.)

Teacher- Teach in an Elementary school - Kindergarten -  
all subjects

Lisa Smits  
Covered Person's Signature

SUBSCRIBED and SWORN to before me this 26 day of January, 2018.

[SEAL]



Wendy Ledbetter Magna  
NOTARY PUBLIC, Residing in  
Salt Lake Utah  
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.)

A. Amber Liefz Intern Youth Services 795-460-4500  
Covered Person\* Position\* or County Division County Phone

177 W. Price Ave. SLU, UT 84115  
Covered Person's County Address

B. SLC Probation Case Manager  
Outside institution, entity, private business or person involved

Employed full time

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

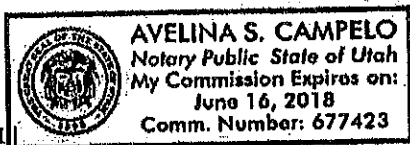
145 West 1300 South Suite 501 SLU, UT. 84115 305-460-7443  
Outside institution, entity, business or person's address and phone number

- 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 probation case management and adult supervision for the court system.

Amber Liefz  
Covered Person's Signature

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



[SEAL]

Avelina S. Campeo  
NOTARY PUBLIC, Residing in  
SLC Utah  
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.)

A. Daniel J. Martinez Emergency Mine Youth Services (385) 468-4610  
Covered Person\* Position\* or County Division County Phone

1165 W. Brandonwood Dr. Murray UT 84123  
Covered Person's County Address

B. Holiday Inn 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

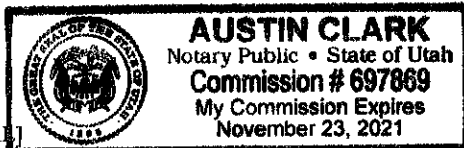
5429 S. Commerce Dr. Murray, UT 84107 (801) 266-0800  
Outside institution, entity, business or person's address and phone number

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, Front desk agent at hotel

[Signature]  
Covered Person's Signature

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



Austin Clark  
NOTARY PUBLIC, Residing in  
Salt Lake Utah  
County State

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2

**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. Whitney Hardman Milestone House Manager  
Covered Person\* Position\* or County Division County Phone  
252 E. Allee Lane SL, UT 84107 (177 W. Price Ave)  
Covered Person's County Address SL, UT

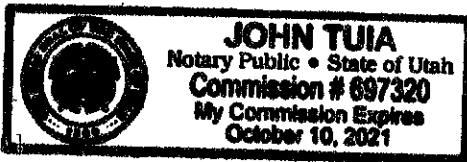
B. Magnificence Massage  
Outside institution, entity, private business or person involved  
Business owner and massage therapist  
Describe covered person's status, employment or investment in the outside institution, entity, private business, or personal contract  
715 E. 3900 S. #206 SL, UT 84107  
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.)

Manage + perform therapeutic body work. No relationship or transaction with the county.

Whitney Hardman  
Covered Person's Signature

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



John Tuia  
NOTARY PUBLIC, Residing in  
Salt Lake Utah  
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.)*

A. John Daniel Tisdale Youth Worker (801) 874-6639  
Covered Person\* Position\* or County Division County Phone

1473 Fort Union Blvd. Cottonwood Heights, UT 84121  
Covered Person's County Address

B. Gateway Academy  
Outside institution, entity, private business or person involved

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

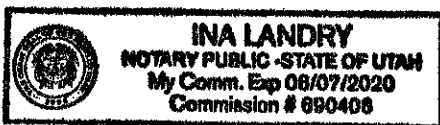
11706 S. 700 E. Draper, UT 84020 (801) 553-2436  
Outside institution, business or person's address and phone number

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.)*

*Work as mentor for troubled teenage boys in residential treatment.*

[Signature]  
Covered Person's Signature

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



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

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2

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

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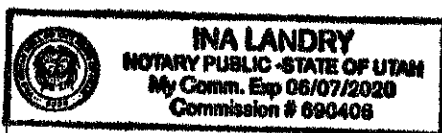
A. Lisa Whitehead ASP Assistant 801-718-7741  
Covered Person\* Position\* or County Division County Phone  
177 W Price Ave, SLC UT 84115  
Covered Person's County Address

B. The Church of Jesus Christ of Latter-day Saints  
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  
Salt Lake City  
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 director as it relates to temple buildings. Har n - relation to salt lake county.

Lisa Whitehead  
Covered Person's Signature

SUBSCRIBED and SWORN to before me this 20 day of January, 2018.



Ina Landry  
NOTARY PUBLIC, Residing in  
Salt Lake County UT  
County State

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22

**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. LeVaughn Wilkins Youth Worker Ext 8440  
Covered Person\* Position\* or County Division County Phone

177 West Price Ave  
Covered Person's County Address

B. Decker Lake Corrections  
Outside institution, entity, private business or person involved

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

2770 Research Way  
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 assist Youth that are in Secure Care and  
very high risk & escort the residents to school and  
observe them as they serve Guide Lines upto 24-36 months

[Signature]

Covered Person's Signature

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



Ina Landry  
NOTARY PUBLIC, Residing in  
Salt Lake County UT  
County State

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2

**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. Mark Roberts Youth Worker 385-4608-4452  
Covered Person\* Position\* or County Division County Phone

Salt Lake County Youth Services  
Covered Person's County Address

B. Quantum Aviation Services  
Outside institution, entity, private business or person involved

Ramp Agent

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

Salt Lake City

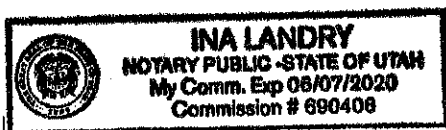
Outside institution, entity, business or person's address and phone number

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.)

Ground work for United Postal Services of aircraft. Unloading  
reloading ULD cns of packages.

Mark Roberts  
Covered Person's Signature

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



[SEAL]

Ina Landry  
NOTARY PUBLIC, Residing in  
Salt Lake County UT  
County State

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22

**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. Marcus Paxton Youth Worker 385 468-4000  
Covered Person\* Position\* or County Division County Phone  
177 West Price Ave SLC UT 84115  
Covered Person's County Address

B. JJS Gems Stone Cnfrs Residential  
Outside institution, entity, private business or person involved  
SLC, UT.

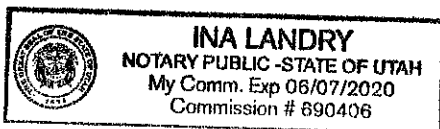
Describe covered person's status, employment or investment in the outside institution, entity, private business, or personal contract  
as a Youth Counselor  
Outside institution, entity, business or person's address and phone number

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 for JJS as a Counselor, my job there doesn't  
affect my job here with Youth Services

Marcus Paxton  
Covered Person's Signature

SUBSCRIBED and SWORN to before me this 24<sup>th</sup> day of January, 2018.



[SEAL]

Ina Landry  
NOTARY PUBLIC, Residing in  
Salt Lake UT  
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.)

A. Debra Lynn Osborne Youth Services 385-468-4519  
Covered Person\* Position\* or County Division County Phone

177 West Price Ave. SLC Ut 84115  
Covered Person's County Address

B. Sams Club  
Outside institution, entity, private business or person involved

Cashier

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

Salt Lake City

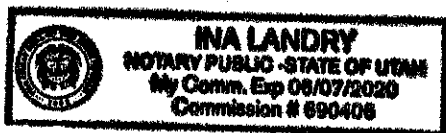
Outside institution, entity, business or person's address and phone number

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 cashier, this doesn't impact my position with Salt Lake County

Debra Lynn Osborne  
Covered Person's Signature

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



[SEAL]

Ina Landry  
NOTARY PUBLIC, Residing in  
Salt Lake County UT  
County State

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2

**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. Lorri Leake Therapist 801-718-7736  
Covered Person\* Position\* or County Division County Phone

177 West Price Ave SLC UT. 84115  
Covered Person's County Address

B. Mind, Body + Spirit Counseling LLC  
Outside institution, entity, private business or person involved

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

2180 E 4500 S Suite 125 - 801-520-3490  
Outside institution, entity, business or person's address and phone number

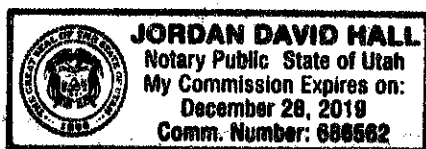
C. Describe below the nature of the assistance you are providing to the institution, entity, private business or person named above, or describe the nature of the economic interest or employment you hold in the private business. Also describe the relationship with or transaction between the business, 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 a therapist, I provide psychotherapy and assessments to adult patients. This does not interfere with my position at both services.

Lorri Leake

Covered Person's Signature

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



[SEAL]

Jordan Hall 3220 S Main St, SLC, UT 84115  
NOTARY PUBLIC, Residing in

SALT LAKE  
County

UT  
State

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02

**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. Herd Lund FRF1145 388-815-1413  
✓ Covered Person\* ✓ Position\* or County Division ✓ County Phone

Covered Person's County Address

B. Serenity Recovery and Wellness  
Outside institution, entity, private business or person involved

Director

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

12447 S. Crossing Drive #13 Riverton UT 84096  
Outside institution, entity, business or person's address and phone number

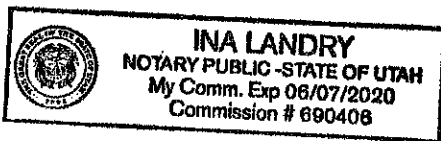
- C. Describe below the nature of the assistance you are providing to the institution, entity, private business or person named above, or describe the nature of the economic interest or employment you hold in the private business. Also describe the relationship with or transaction between the business, 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.)

Putting 10P treatment program together

✓ SUBSCRIBED and SWORN to before me this 24<sup>th</sup> day of January, 2018

Hershel Lund  
Covered Person's Signature

Ina Landry  
NOTARY PUBLIC, Residing in  
Salt Lake UT  
County State



[SEAL]

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**SALT LAKE  
COUNTY**

## 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. Carol Hendrycks Youth Services 385-468-4502  
County Employee Employed in (County Division) County Phone

1877 Meadowmoor Road, HOLLADAY, UT 84117  
Employee's Address

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

Writer - Education Beat

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

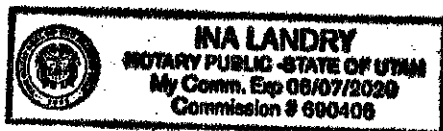
9500 500 W. #205 801 254-5974  
Outside institution, entity, business or person's address and phone number

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.)

Write stories for local paper on Holladay  
school/education activities

Carol Hendrycks  
Employee Signature

SUBSCRIBED and SWORN to before me this 23rd day of January, 2018



[SEAL]

Ina Landry  
NOTARY PUBLIC, Residing in  
Salt Lake UT  
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.

**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. Maria Viviana Flores Youth Worker 385 468 4463  
Covered Person\* Position or County Division County Phone

177 Price Ave Salt Lake City  
Covered Person's County Address

B. K.S.L Family Share.com  
Outside institution, entity, private business or person involved

Writer and Editor. Contractor.  
Describe covered person's status, employment or investment in the outside institution, entity, private business, or personal contract

Deseret Digital Media SSN 300 W Suite 400 SLC 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.)

My job like a Writer and Editor do not affect my job at Youth Services

Maria Flores  
Covered Person's Signature

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



[SEAL]

Ina Landry  
NOTARY PUBLIC, Residing in  
Salt Lake UT  
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.)

A. Kathleen H. DeVier Youth Services Youth Worker 385-485-4500  
Covered Person\* Position\* or County Division County Phone

177 W. Pride Ave ShC UT 84115  
Covered Person's County Address

B. Dos By DeVier Inc.  
Outside institution, entity, private business or person involved

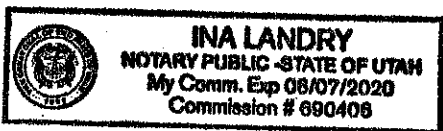
owner/operator Hair stylist  
Describe covered person's status, employment or investment in the outside institution, entity, private business, or personal contract

426 E 6815 S, Midvale UT 84045  
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.)

[Signature]  
Covered Person's Signature

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



[SEAL]

Ina Landry  
NOTARY PUBLIC, Residing in  
Salt Lake County UT  
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.)

A. Laura B. Ellsworth FRF Youth Services 801.300.1162  
 Covered Person\* Position\* or County Division County Phone

492 E. Elizabeth Day Ave Draper, Utah 84620  
 Covered Person's County Address

B. Hopeful Beginnings  
 Outside institution, entity, private business or person involved

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

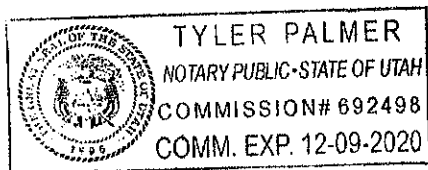
5667 So Redwood Road Taylorsville, Utah 84123 801.979.1351  
 Outside institution, entity, business or person's address and phone number

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 a respite worker with Hopeful Beginnings, I provide weekly Group meetings and community activities to children. This does not interfere with my Position with Salt Lake County.

L. B. Ellsworth  
 Covered Person's Signature

SUBSCRIBED and SWORN to before me this 23 day of January, 2018.



[SEAL]

Tyler Palmer  
 NOTARY PUBLIC, Residing in  
Salt Lake UT  
 County State

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dr

**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. JASON S. DAVIDSON YOUTH WORKER/12 385-466-4500  
Covered Person\* Position\* or County Division County Phone

177 W. PRICE AVE, SALT LAKE CITY, UTAH 84115  
Covered Person's County Address

B. TOURNAY'S ADOLESCENT SERVICES, LLC 866-556-2926  
Outside institution, entity, private business or person involved

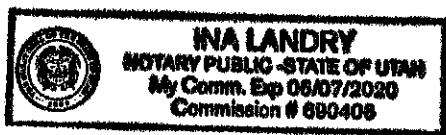
TRANSPORT AGENT - ESCORTING AT RISK / TROUBLED YOUTH  
Describe covered person's status, employment or investment in the outside institution, entity, private business, or personal contract

7500 W. LAKE MEAD BLVD, LAS VEGAS, NV. 89128  
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.)

[Signature]  
Covered Person's Signature

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



[SEAL]

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

A. Angelica (Anna) Cervantes - Youth Services Group Supervisor  
Covered Person\* Position\* or County Division County Phone  
3416 S Carrick Dr  
Covered Person's County Address

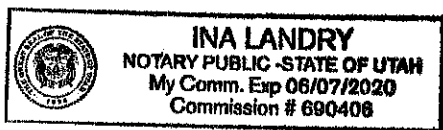
B. Juvenile Justice Services  
Outside institution, entity, private business or person involved  
Trainer III, 3522 S 700 W, 84119  
Describe covered person's status, employment or investment in the outside institution, entity, private business, or personal contract  
Full time employment  
Outside institution, 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. I carry no cases/clients in this position. JJS is a state agency - in which I help w/ training as a full time job

[Signature]  
Covered Person's Signature

SUBSCRIBED and SWORN to before me this 24<sup>TH</sup> day of January, 2018.



[SEAL]

Ina Landry  
NOTARY PUBLIC, Residing in  
Salt Lake UT  
County State

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2

**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. Elizabeth Carothers Youth Services 385-468-4900  
Covered Person\* Position\* or County Division County Phone

Covered Person's County Address

B. Old Navy - GAP INC.  
Outside institution, entity, private business or person involved

Facilities

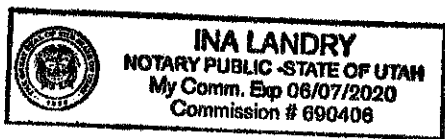
Describe covered person's status, employment or investment in the outside institution, entity, private business, or personal contract

1168 E 2100 SO SLC. 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.)

Elizabeth Carothers  
Elizabeth Carothers  
Covered Person's Signature

SUBSCRIBED and SWORN to before me this 22 day of January, 20 18



Ina Landry  
NOTARY PUBLIC, Residing in  
Salt Lake County UT  
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.)

A. Iwan Bakubi Youth worker  
Covered Person\* Position\* or County Division County Phone  
177 W Price Ave SLC 84115  
Covered Person's County Address

B. LDs Humanitarian 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 S Bernette Rd Salt Lake City Utah  
Outside institution, entity, business or person's address and phone number

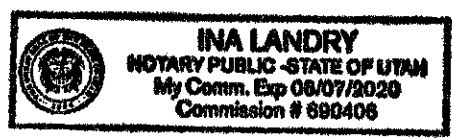
C. Describe below the nature of the assistance you are providing to the institution, entity, private business or person named above, or describe the nature of the economic interest or employment you hold in the private business. Also describe the relationship with or transaction between the business, 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.)

- \* As a job coach trainer, I do help refugees to learn work and education skills to help them towards becoming self sufficient.
- \* I help associates to identify and be placed into employment through various coaching skills.
- \* I also help and supervise associates through their entire development plan.

[Signature]

Covered Person's Signature

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



[SEAL]

Ina Landry  
NOTARY PUBLIC, Residing in  
Salt Lake UT  
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.)

A. Corilyn Ybarra Program Manager 395-468-4445  
Covered Person Position or County Division County Phone

3660 S West Temple  
Covered Person's County Address

B. Highland Springs Specialty Clinic  
Outside institution, entity, private business or person involved

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

4400 S Highland Dr. 901-  
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 only work with private insurance; non-medicaid clients to avoid competing for customers.

SUBSCRIBED and SWORN to before me this 22nd day of January, 2019



[SEAL]

[Signature]  
Covered Person's Signature  
Ina Landry  
NOTARY PUBLIC, Residing in  
Salt Lake County UT  
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.)

A. Brock Yancey Youth Services 385 468 4512  
Covered Person\* Position\* or County Division County Phone

177 W. Price Ave SLCC UT 84115  
Covered Person's County Address

B. Blomquist Home Employee Assistance  
Outside institution, entity, private business or person involved

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

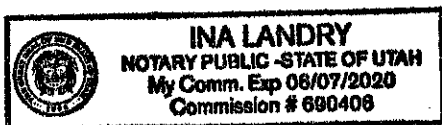
890 E 4500 S. #202 SLCC UT 84107  
Outside institution, entity, business or person's address and phone number

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.)

Provide part time therapy -  
No Salt Lake County Conflict

[Signature]  
Covered Person's Signature

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



[SEAL]

Ina Landry  
NOTARY PUBLIC, Residing in

Salt Lake  
County

UT  
State

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a

**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. Desiree Steadman-Gallejos 385-468-4517  
Covered Person\* Position\* or County Division County Phone

177W. Price Ave. So Salt Lake city 84115  
Covered Person's County Address

B. METTER Therapeutic Counseling Services P.L.L.C.  
Outside institution, entity, private business or person involved

Private Practice serving adults & children. some with DCFs & JJS  
Describe covered person's status, employment or investment in the outside institution, entity, private business, or personal contract

others from Insurance Providers or self pay. One time/week.  
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 position does not interfere with my job here at Youth Services.

Desiree Steadman-Gallejos  
Covered Person's Signature

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



Ina Landry  
NOTARY PUBLIC, Residing in  
Salt Lake UT  
County State

[SEAL]

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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. Derek E. Lentz Full-time Merit Graveyard Youth Worker (385)468-4465  
Covered Person\* Position\* or County Division County Phone

Crisis Residential, 177 W. Price Ave, Salt Lake City, UT 84115  
Covered Person's County Address

B. 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

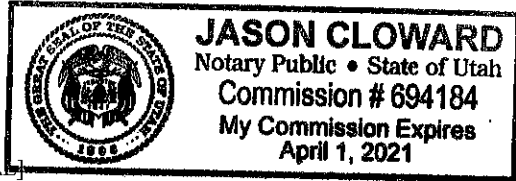
Deseret Industries, 2140 S. 800 E., Salt Lake City, UT 84106-1892 (801)486-3474  
Outside institution, entity, business or person's address and phone number

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 and Salt Lake County Youth Services, so I have no conflict of interest being employed at both employers.

Derek E. Lentz Derek E. Lentz  
Covered Person's Signature

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



[SEAL]

for me  
NOTARY PUBLIC, Residing in  
Salt Lake Utah  
County State

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2

**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. Kent G. Larson Family Therapist Youth Services 385-468-498  
Covered Person\* Position\* or County Division County Phone

177 W. Price Ave. Salt Lake City, UT 84115  
Covered Person's County Address

B. Kent Larson Counseling Service Private office for counseling  
Outside institution, entity, private business or person involved

Private Counseling office, part time w/ teenagers and adult  
Describe covered person's status, employment or investment in the outside institution, entity, private business, or personal contract

3878 W. 4850 Taylorsville, UT 84129 (801) 558-6253  
Outside institution, entity, business or person's address and phone number

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Individual, couples, and family counseling in my private home office for teenagers ~ adults

Kent Larson  
Covered Person's Signature

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



[SEAL]

Ina Landry  
NOTARY PUBLIC, Residing in  
Salt Lake UT  
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.)

A. Kari Larsen Case Manager 385-4108-4466  
Covered Person\* Position\* or County Division County Phone

177 W Price Av So SIC UT 84115  
Covered Person's County Address

B. Bumpay Baby  
Outside institution, entity, private business or person involved

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

10230 State St 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'm a sales associate. I primarily sale baby furniture and bedding. This job  
does not conflict with my role + responsibilities w/ the county. -kari larsen

22nd 12 day of January, 2018.  
SUBSCRIBED and SWORN to before me this Covered Person's Signature



[SEAL]

Ina Landry  
NOTARY PUBLIC, Residing in  
Salt Lake UT  
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.)

A. Jeffrey Langworthy Case Manager 385 468-4613  
Covered Person\* Position\* or County Division County Phone  
8781 S Redwood Rd West Jordan UT 84088  
Covered Person's County Address

B. Lifeline Community Church  
Outside institution, entity, private business or person involved  
Biblical Counselor  
Describe covered person's status, employment or investment in the outside institution, entity, private business, or personal contract  
4431 W 8200 S West Jordan UT 84088 801-280-8111  
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.)  
Counseling people from a biblical basis. Teaching how the bible can help with helping in their lives.

[Signature]  
Covered Person's Signature  
SUBSCRIBED and SWORN to before me this 27th day of January, 2018.  
  
[SEAL]  
[Signature]  
NOTARY PUBLIC, Residing in  
Salt Lake UT  
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.)

A. Keondra Rees Family Therapist 385-408-4475  
Covered Person\* Position\* or County Division County Phone

177 West Price Ave  
Covered Person's County Address

B. I'mME! Project Counseling LLC  
Outside institution, entity, private business or person involved

Private Business

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

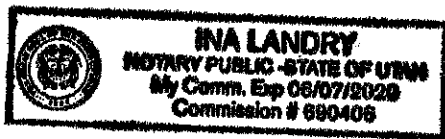
1537 South Main Street SLC UT 84115 (801) 893-4633  
Outside institution, entity, business or person's address and phone number

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 a licenced Marriage & Family Therapist working in my own Practice providing services to transracial adoptees and their families, my role does not interfere with my position w/ SLC.

Keondra Rees  
Covered Person's Signature

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



[SEAL]

Ina Landry  
NOTARY PUBLIC, Residing in

Salt Lake County UT  
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.)

A. Minamaria Kaplin Youth Services 385-468-4541  
Covered Person\* Position\* or County Division County Phone

177 West Price Ave. SLC, UT 84115  
Covered Person's County Address

B. SALT Lake Behavioral Health.  
Outside institution, entity, private business or person involved

3802 South 700 East SLC, UT 84115  
Describe covered person's status, employment or investment in the outside institution, entity, private business, or personal contract

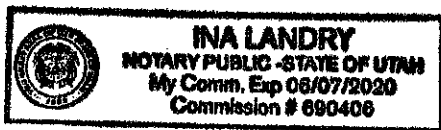
801-264-6000  
Outside institution, entity, business or person's address and phone number

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.)

Crisis Worker - Intakes & assessments.

Minamaria Kaplin  
Covered Person's Signature

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



Ina Landry  
NOTARY PUBLIC, Residing in  
Salt Lake UT  
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.)

A. David Christensen Therapist 385 468 4522  
Covered Person\* Position\* or County Division County Phone

177 W. Price Ave SLC UT 84115  
Covered Person's County Address

B. ACES  
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

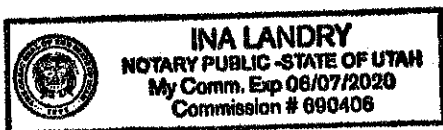
1354 E 3300 S. So. Salt Lake City 84115 801 265-8000  
Outside institution, entity, business or person's address and phone number

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.)

Assessments, individual therapy and groups for adult domestic violence and substance abuse offenders.

David Christensen  
Covered Person's Signature

SUBSCRIBED and SWORN to before me this 24<sup>th</sup> day of January, 2018.



[SEAL]

Ina Landry  
NOTARY PUBLIC, Residing in  
Salt Lake UT  
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.)

A. David Christensen therapist 385 468 4522  
Covered Person\* Position\* or County Division County Phone

177 W price Ave SLC UT 84115  
Covered Person's County Address

B. Salt Lake County parks + Rec. (Acord Ice center)  
Outside institution, entity, private business or person involved

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

5353 W 3100 S West valley City 84120 385 468 1965  
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.)

Run youth hockey practices and supervise game play.

David Christensen  
Covered Person's Signature

SUBSCRIBED and SWORN to before me this 24<sup>th</sup> day of January, 2018.



[SEAL]

Ina Landry  
NOTARY PUBLIC, Residing in  
Salt Lake UT  
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.)

A. Frank Bedolla ASP Coordinator Salt Lake, 801-792-1057  
Covered Person\* Position\* or County Division County Phone  
177 Price Ave 84115  
Covered Person's County Address

B. Fathers & Families Coalition of Utah  
Outside institution, entity, private business or person involved  
Board chair  
Describe covered person's status, employment or investment in the outside institution, entity, private business, or personal contract  
In-kind  
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.)  
In-kind Services

Frank Bedolla  
Covered Person's Signature

SUBSCRIBED and SWORN to before me this 11 day of January, 20 18.



[SEAL]

Ina Landry  
NOTARY PUBLIC, Residing in  
Salt Lake UT  
County State

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ae

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.)

Christine Ambrosia Youth Worker 385-465-4501  
Covered Person\* Position\* or County Division County Phone

177 W. Price Ave.  
Covered Person's County Address

B. Smiths Food & Drug / SMC  
Outside institution, entity, private business or person involved

Status part time and PRN  
Describe covered person's status, employment or investment in the outside institution, entity, private business, or personal contract

Day Break Store Salt Palace  
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.)

Smiths Food & Drug  
Sales Associate  
SMC - Security - PR - Town host of Utah

Christine Ambrosia  
Covered Person's Signature

SUBSCRIBED and SWORN to before me this 24<sup>th</sup> day of Tuesday, 20 18



[SEAL]

Ina Landry  
NOTARY PUBLIC, Residing in  
Salt Lake Utah  
County State

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2

**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. Andrew Aragon Youth Services 385-468-4500  
Covered Person\* Position\* or County Division County Phone

177 W Price Ave, Salt Lake City, UT 84116  
Covered Person's County Address

B. Reseret News  
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

55 N 300 W, Salt Lake City, UT 84101  
Outside institution, entity, business or person's address and phone number

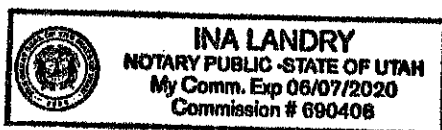
C. Describe below the nature of the assistance you are providing to the institution, entity, private business or person named above, or describe the nature of the economic interest or employment you hold in the private business. Also describe the relationship with or transaction between the business, 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.)

I work as a visual editor where I edit stories, lay out pages & write headlines. I do not work on or edit any stories that have to deal with Salt Lake County.

[Signature]  
Covered Person's Signature

SUBSCRIBED and SWORN to before me this 24<sup>th</sup> day of January, 2018.

[SEAL]



Ina Landry  
NOTARY PUBLIC, Residing in

Salt Lake  
County

UT  
State

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26

**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 B. Bunker Youth Services 385-468-4516  
Covered Person\* Position\* or County Division County Phone

177 W. Price Ave., SLC, UT 84115  
Covered Person's County Address

B. Private practice of Psychology  
Outside institution, entity, private business or person involved

Sole proprietor / independent practice  
Describe covered person's status, employment or investment in the outside institution, entity, private business, or personal contract

Douglas B. Bunker, Ph.D. 1008 S. 1300 E, SLC, UT 801-910-7128  
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 sole proprietor and only employee of this part-time private practice. There are no transactions or relationships between this private practice and Salt Lake County*

Douglas B. Bunker  
Covered Person's Signature

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

[SEAL]



Ina Landry  
NOTARY PUBLIC, Residing in  
Salt Lake UT  
County State

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2

**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. JD Green Program Manager Youth Services 385-468-4487  
Covered Person\* Position\* or County Division County Phone

177 W Price Ave SLC UT 84115  
Covered Person's County Address

B. Insight Counseling Services  
Outside institution, entity, private business or person involved

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

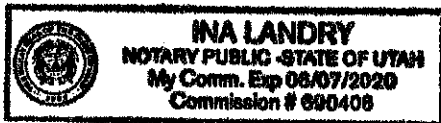
963 N. 1025 E. Ogden UT 84404  
Outside institution, entity, business or person's address and phone number

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.)

Psychotherapy Individuals, Couples, Families, Groups  
No transactions with Salt Lake County

JD Green  
Covered Person's Signature

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



[SEAL]

Ina Landry  
NOTARY PUBLIC, Residing in  
Salt Lake UT  
County State

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2

**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 Dixon Supervisor SLCO Youth Services  
Covered Person\* Position\* or County Division County Phone

Covered Person's County Address

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

PRN w/ Valley have not worked any hours since 8/2017  
Describe covered person's status, employment or investment in the outside institution, entity, private business, or personal contract

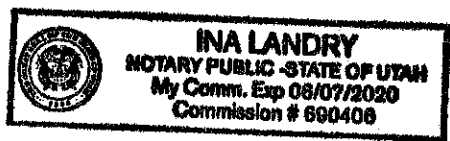
VBH SLC UT  
Outside institution, entity, business or person's address and phone number

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 work w/ adult clients in the CORE program. No youth involved thus no cross over

Erin Dixon  
Erin Dixon  
Covered Person's Signature

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



[SEAL]

Ina Landry  
NOTARY PUBLIC, Residing in  
Salt Lake UT  
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.)

A. Krista Kay Thomas Youth worker 385-468-4465  
Covered Person\* Position\* or County Division County Phone

177 W. Price Ave  
Covered Person's County Address

B. Scentsy family  
Outside institution, entity, private business or person involved

Self employed

801-634-8780

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

@ 8579 W. Avonley Ln magna UT 84044  
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.)

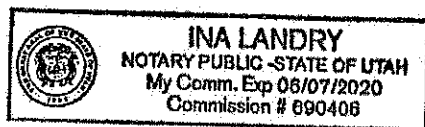
Sell wickless candles to private individual people.

non-County related

Krista Thomas  
Covered Person's Signature

SUBSCRIBED and SWORN to before me this 8<sup>th</sup> day of Jan, 2016.

[SEAL]



Ina Landry  
NOTARY PUBLIC, Residing in

Salt Lake  
County

UT  
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. Paula DeBore Vw al Foster Parent 801-604-8245  
Covered Person\* Position\* or County Division County Phone

3803 Big River Way #2 SLC UT 84119  
Covered Person's County Address

B. Stepping Stones  
Outside institution, entity, private business or person involved

Foster Parent

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

1363 State #140 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.)

Paula DeBore  
Covered Person's Signature

SUBSCRIBED and SWORN to before me this 24<sup>th</sup> day of January, 2018.



Ina Landry  
NOTARY PUBLIC, Residing in  
Salt Lake UT  
County State

[SEAL]

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