## Mayor's Office: Council Agenda Item Request Form

This form and supporting documents (if applicable) are due the Wednesday before the COW meeting by noon.

Date Received	01/31/18
(office use)	

D	0.10.110
Date of Request	01/31/18
Requesting Staff Member	Kim Barnett
Requested Council Date	02.06.18
Topic/Discussion Title	Disclosure Statements
Description	Attached are the disclosure statements from the following departments/divisions: Administrative Services Real Estate Office Records and Archives Facilities Information Services
Requested Action <sup>1</sup>	Consent
Presenter(s)	N/A
Time Needed <sup>2</sup>	<5
Time Sensitive <sup>3</sup>	No
Specific Time(s) <sup>4</sup>	No
Please attach the supporting documentation you plan to provide for the packets to this form. While not ideal, if supporting documents are not yet ready, you can still submit them by 10 am the Friday morning prior to the COW agenda. Items without documentation may be taken off for consideration at that COW meeting.	0

Mayor	or	Designee	approval:	
11145	V.	Designee	approva.	

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

<sup>&</sup>lt;sup>2</sup> Assumed to be 10 minutes unless otherwise specified.

<sup>&</sup>lt;sup>3</sup> Urgency that the topic to scheduled on the requested date.

<sup>&</sup>lt;sup>4</sup> If important to schedule at a specific time, list a few preferred times.



Ben McAdams Salt Lake County Mayor To:

County Council

From:

Administrative Services Department

DEPARTMENT OF ADMINISTRATIVE SERVICES

Date:

January 29, 2018

Re:

2018 Conflict of Interest Form Submissions

Megan Hillyard Director

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

## Administrative Services Department

• Javaid Lal (2)

### **DIVISIONS**

Addressing

CONTRACTS & PROCUREMENT

FACILITIES MANAGEMENT

INFORMATION SERVICES

REAL ESTATE

RECORDS MANAGEMENT & ARCHIVES

## Real Estate Office

• Derrick Sorensen (4)

### Records & Archives Division

- Maren Slaugh (6)
- Hugh Johnson (1)

Regards,

Kimberly Barnett

Associate Deputy Mayor

SALT LAKE COUNTY GOVERNMENT CENTER

2001 S. State St. Ste. N3200 Salt Lake City, UT 84190 385-468-7060 phone 385-468-7072 fax

> www.slco.org TTY: 7-1-1



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

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

	Javaid M. Lal	Fiscal Administrator, Administrative Services	385-468-7063	
	Covered Person*	Position* or County Division	County Phone	
	S2-955, 2001 South State Stre	et, Salt Lake City, UT 84114		
Covered Person's County Address				
В.	Utah Library Association			
	Outside institution, entity, private business or person involved			

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

P.O. Box 708155, Sandy, UT 84070-8155

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.)

The treasurer's responsibilities include maintenance of Utah Library Association's financial records, write checks to various service providers, collect membership/sponsorship dues, prepare and make bank deposits, review ULA contracts and maintain bank signature card, insurance policies, and investment accounts. ULA board has approved an annual stipend of \$4,140 for the treasurer. I am not aware of any business transaction between Department of Administrative Services and the Library Association. However, Salt Lake County Library maintains membership with ULA and actively participates in the Association's programs.

Covered Person's Signature

SUBSCRIBED and SWORN to before me this and

day of

, 20 **18** 

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

NOTARY PUBLIC, Residing in

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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.

County

\*"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."

Version Date: 3/19/2015

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Javaid M. Lal Fiscal Administrator, Administrative Services 385-468-7063 County Phone Covered Person\* Position\* or County Division S2-955, 2001 South State Street, Salt Lake City, UT 84114 Covered Person's County Address American Society for Public Administrators - Utah Chapter Outside institution, entity, private business or person involved President-elect Describe covered person's status, employment or investment in the outside institution, entity, private business, or personal contract University of Utah MPA Program, 332 S. 1400 E., Rm. 236 Salt Lake City, UT 84112 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.) American Society for Public Administration (ASPA) is a national membership organization that promotes public service and support people advancing the public good. President-elect is a volunteer position and does not receive any monetary compensation. Salt Lake County does not have any formal business/monetary relationship with ASPA. Covered Person's Signatur 20 18 SUBSCRIBED and SWORN to before me this INA LANDRY NOTARY PUBLIC -STATE OF UTAH NOTARY PUBLIC, Residing in My Comm. Exp 06/07/2020 Commission # 690406 [SEAL]

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Version Date: 3/19/2015

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MY Comm. Exp 05/07/2020
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(Use one form for each outside business entity or person you are associated with for which disclosure is required in the above section. If multiple forms for multiple outside business entities or persons are submitted, only one form need be signed and notarized.)

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A.	Derrick Lyman Sorensen	Real Estate Manager	385-468-0341
	Covered Person Position,	or County Division for which you are employed or volunteering	g County/Volunteer's Phone
	2965 South 2700 East, Mil	Icreek, UT 84109	
	Covered Person's County Address/	Volunteer's Address	
В.	MS2 & Associates, LLC		
		business or person in which the Covered Person has a personal or	business interest for which disclosure
	is required in the above section		
	Associate Broker		
	Covered person's status, relationshi	p or commitment to the institution, entity, business or person na	amed above
	2760 East 4135 South, Mil		
	Address and phone number of the in	nstitution, entity, business or person named above	
C.	Select the category that applies to	yourself and the outside institution, entity, business or person id	entified in subsection (B) above:
	I receive or have agreed to rec	reive compensation for assisting a person or business entity in a tr	ransaction involving Salt Lake County.
	I am an officer, director, agen Salt Lake County.	t, employee or the owner of a substantial interest in a business en	ntity that is subject to the regulation of
		t, employee or owner of a substantial interest in a business entity	that does or anticipates doing business
		financial interest that creates a potential or actual conflict with n creates a potential or actual conflict with my public duties.	ny public duties.
D.		ctual or potential conflicts of interest identified above, i.e., the nature of the use more sheets if necessary. (This disclosure statement will no	
	license with. I represent frigand and other transactions	n an outside real estate firm. This is the company ends, family and clients in real estate transactions s within Salt Lake County. On occassion I will inter ess Licensing, The Recorders Office, Etc	. I also invest in and develop homes

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

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NOTARY PUBLIC -STATE OF UTAH
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Covered Person's Signature

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ROTARY PUBLIC -STATE OF UTAH
BY COMM. Eco 06/07/2020
Commission 8 06/07/2020

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Covered Person  Position, or County Division for which you are employed or volunteering  2965 South 2700 East, Millcreek, UT 84109  Covered Person's County Address Volunteer's Address  B. Sorensen & Company  Outside institution, entity, private business or person in which the Covered Person has a personal or business interest for which is required in the above section  Owner  Covered person's status, relationship or commitment to the institution, entity, business or person named above  2965 South 2700 East, Millcreek, UT 84109  801-243-8532  Address and phone number of the institution, entity, business or person named above  2965 South 2700 East, Millcreek, UT 84109  801-243-8532  Address and phone number of the institution, entity, business or person identified in subsection (B) ab  I receive or have agreed to receive compensation for assisting a person or business entity in a transaction involving Salt Lak  X I am an officer, director, agent, employee or the owner of a substantial interest in a business entity that does or anticipates doin with Salt Lake County.  X I am an officer, director, agent, employee or owner of a substantial interest in a business entity that does or anticipates doin with Salt Lake County.  I hold an investment or other financial interest that creates a potential or actual conflict with my public duties.  D. Give a detailed description of the actual or potential conflicts of interest identified above, i.e., the nature of the relationship of exentity or person with the County. Use more sheets if necessary. (This disclosure statement will not be accepted as valid unless is completed.)  I am the Owner of a bookkeeping business that provides services within Salt Lake County.	ĺ
Covered Person's County Address/Volunteer's Address  B. Sorensen & Company Outside institution, entity, private business or person in which the Covered Person has a personal or business interest for which is required in the above section  Owner Covered person's status, relationship or commitment to the institution, entity, business or person named above  2965 South 2700 East, Millcreek, UT 84109  801-243-8532  Address and phone number of the institution, entity, business or person named above  C. Select the category that applies to yourself and the outside institution, entity, business or person identified in subsection (B) ab  I receive or have agreed to receive compensation for assisting a person or business entity in a transaction involving Salt Lak  I am an officer, director, agent, employee or the owner of a substantial interest in a business entity that is subject to the reg Salt Lake County.  I have a more of incretor, agent, employee or owner of a substantial interest in a business entity that does or anticipates doin with Salt Lake County.  I hold an investment or other financial interest that creates a potential or actual conflict with my public duties.  D. Give a detailed description of the actual or potential conflicts of interest identified above, i.e., the nature of the relationship of erentity or person with the County. Use more sheets if necessary. (This disclosure statement will not be accepted as valid unless is completed.)  I am the Owner of a bookkeeping business that provides services within Salt Lake County.	s Phone
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Covered Person's Signature	
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SUBSCRIBED and SWORN to before me this Athday of Oanuay . 2018.	
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My Comm. Exp 06/07/2020   Scot   County   State   County   State   County   State   County   County	

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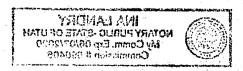
A.	Derrick Lyman Sorensen Real Estate Manager	385-468-0341
	Covered Person Position, or County Division for which you are employed or volunteering	County/Volunteer's Phone
	2965 South 2700 East, Millcreek, UT 84109	
	Covered Person's County Address/Volunteer's Address	
B.		
	Outside institution, entity, private business or person in which the Covered Person has a personal or busis required in the above section	siness interest for which disclosure
	Treasurer	y 101
	Covered person's status, relationship or commitment to the institution, entity, business or person named	d above
	2965 South 2700 East, Millcreek, UT 84109 801-243-8532	
	Address and phone number of the institution, entity, business or person named above	
C.	Select the category that applies to yourself and the outside institution, entity, business or person identi	fied in subsection (B) above:
	I receive or have agreed to receive compensation for assisting a person or business entity in a trans	action involving Salt Lake County.
	X I am an officer, director, agent, employee or the owner of a substantial interest in a business entity	that is subject to the regulation of
	Salt Lake County.  X I am an officer, director, agent, employee or owner of a substantial interest in a business entity that	t does or anticipates doing business
	with Salt Lake County.	11' 1 2'
	I hold an investment or other financial interest that creates a potential or actual conflict with my public duties.	bublic duties.
D.	Give a detailed description of the actual or potential conflicts of interest identified above, i.e., the naturentity or person with the County. Use more sheets if necessary. ( <i>This disclosure statement will not be is completed.</i> )	
	I am the Treasurer of the UBVA. We are a non profit organization with the focas within the state of Utah. On occassion we utilize County facilities and programm	s of growing Boys volleyball ning for games & tournaments
	Covered Person's Signature	
	2 7/2 2	
SU	JBSCRIBED and SWORN to before me this 24 day of 500000000000000000000000000000000000	<u>D</u> .
	Down of and	
	INA LANDRY NOTARY PUBLIC, Residing in	
	NOTARY PUBLIC -STATE OF UTAH My Comm. Exp 06/07/2020  And Lake	151
ſSI	Commission # 690406	State

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Derrick Lyman Sorens	en Real Estate	Manager	385-468-0341
		ich you are employed or volunteering	County/Volunteer's Phone
2965 South 2700 Eas	t, Millcreek, UT 84109		
Covered Person's County Ac			
MT. O Volleyball Club			
Outside institution, entity, pr	ivate business or person in which	the Covered Person has a personal or busi	ness interest for which disclosure
is required in the above section	on		
Owner/Director			
Covered person's status, rela	tionship or commitment to the ins	titution, entity, business or person named	above
	st, Millcreek, UT 84109	801-243-8532	
Address and phone number of	of the institution, entity, business of	or person named above	
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X I am an officer, directo Salt Lake County.	r, agent, employee or the owner of	f a substantial interest in a business entity	that is subject to the regulation of
	r, agent, employee or owner of a s	ubstantial interest in a business entity that	does or anticipates doing business
with Salt Lake County.			LU Luc
	est that creates a potential or actual	es a potential or actual conflict with my put conflict with my public duties.	blic duties.
		of interest identified above, i.e., the nature ry. (This disclosure statement will not be a	
I am the Owner/Direc We on occassion will	tor of a local volleyball club utilize and participate in C	o that works with Boys and Girls ounty programming and facilities	in training competitive volley for practices and games.
		7	
		Covered Person's Signature	
	oith	14	
UBSCRIBED and SWORN to	before me this day of day of	January , 20 18	·
		al Valend	
	LANDRY BLIC -STATE OF UTAH	NOTARY PUBLIC, Residing in	•
My Comm	. Exp 06/07/2020	9 N I C	UT-
	ssion # 690406	SOUT LAURE	State
SEAL]		County	State

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



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Andre Marie Gregoria

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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*.)

Α.	Maren Slaugh	Administrative Serv	rices, Records Management and Archives	385-468-0813
	County Employee	Er	nployed in (County Division)	County Phone
	853 West Cannara Way	Midvale Utah 84047		
	Employee's Address			
В.	Holladay City Arts Cou			
Outside institution, entity, private business or person involved			nvolved	
	Holladay Arts Council I	Иember		
	1 1 1 1		the outside institution, entity, private business, o	r personal contract
	4580 South 2300 East			
	Outside institution, entity, bus	iness or person's addres	ss 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 24Th day of 2008.

INA LANDRY

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

State

MALANDRY

NOTARY PUBLIC, Residing in

Scounty

County

State

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Α.	Maren Slaugh	Administrative Services, Records Management and Archives	385-468-0813		
	County Employee	Employed in (County Division)	County Phone		
	853 West Cannara Way	/ Midvale Utah 84047			
	Employee's Address				
В.	Center for the Arts				
	Outside institution, entity, private business or person involved				
	Volunteer patron services.				
	Describe county employee's	position or investment in the outside institution, entity, private business, or	personal contract		
	2001 S State Street S	SLC Utah 84101 385-468-1010			
	Outside institution, entity, bu	siness 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.)

Volunteer at the various county venues and serve as an usher.

Employee Signature SUBSCRIBED and SWORN to before me this \_a INA LANDRY NOTARY PUBLIC -STATE OF UTAH My Comm. Exp 06/07/2020 Commission # 690406

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Α.	Maren Slaugh	Administrative Services, Records Management and A	rcnives	385-468-0813	
	County Employee	Employed in (County Division)	,	County Phone	
	853 West Cannara Way	Midvale Utah 84047	2		
	Employee's Address	10			
В.	University of Utah Alumni Ambassador				
	Outside institution, entity, priv	ate business or person involved			
	Volunteer			14	
		position or investment in the outside institution, entity, private bu	siness, or p	personal contract	
		alt Lake City, UT 84112 801-585-2237			
	Outside institution, entity, bus	iness 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.)

We welcome guests at a portals and greet and assist guests, especially the opposing team's fans.

SUBSCRIBED and SWORN to before me this day of the subscribed by th

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INA LANDRY

NOTARY PUBLIC -STATE OF UTAH

My Commitsion # 650408

Commitsion # 650408



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

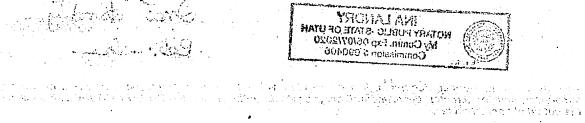
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Α.	Maren Slaugh	Administrative Services, Records Management and Archives	385-468-0813		
/80000	County Employee	Employed in (County Division)	County Phone		
	853 West Cannara Way	Midvale Utah 84047			
	Employee's Address		7		
В.	Salt Lake County Elections Volunnteer				
	Outside institution, entity, priva	ate business or person involved			
	Volunteer				
	Describe county employee's p	position or investment in the outside institution, entity, private business, or	personal contract		
		LC Utah 84101 385-468-7400			
	Outside institution, entity, bus	iness 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.)

Poll workers are essential part of achieving a successful election.

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۹.	Maren Slaugh	Administrative Services, Records Management and Archives	385-468-0813			
	County Employee	Employed in (County Division)	County Phone			
	853 West Cannara Way	/ Midvale Utah 84047				
	Employee's Address					
3.	ZAP					
	Outside institution, entity, private business or person involved					
	ZAP Tier II Advisory Board member					
	Describe county employee's position or investment in the outside institution, entity, private business, or personal contract					
		N3-200, SLC Utah 84101 385-468-7057				
	Outside institution, entity, bu	siness 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 Tier II Advisory Board member, I review submitted applications and make funding recommendations to the board as a whole and County Council which makes their final recommendations. Board members are encouraged to attend various organizations to get a more holistic view of their program and mission. Participating oraganizations are also encouraged to offer board members free tickets to attend their events. If offered, I would be accepting these as a board member, NOT as a County employee.

SUBSCRIBED and SWORN to before me this day of the subscribed by th

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.

IVA LANDRY
NOTARY PUBLIC -STATE OF UTAH
hy Comm. Exp 06/07/2020
Commission # 650408



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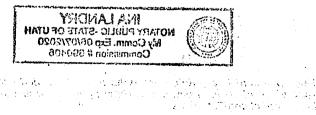
A	Maren Slaugh	Administrative Services, Records Management and Archives	385-468-0813			
	County Employee	Employed in (County Division)	County Phone			
	853 West Cannara Way	Midvale Utah 84047				
	Employee's Address					
В.	Sundance Film Festival					
	Outside institution, entity, priva	vate business or person involved				
	Volunteer assistant th					
		position or investment in the outside institution, entity, private business, or p	personal contract			
		Park City, UT 84060 435-658-3456				
	Outside institution, entity, bus	siness 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.)

Assistant Theater Manager at the Rose Wagner Theater in Salt Lake City. As part of the management team am ultimately responsible for the success of the venue during the ten-day festival.

> Employee Signature SUBSCRIBED and SWORN to before me this INA LANDRY UBLIC, Residing in NOTARY PUBLIC -STATE OF UTAH My Comm. Exp 06/07/2020 Commission # 690406 County

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

	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 personal or business interest. ( <i>Type or print all information</i> .)
A.	Hugh Johnson Records Specialist 285-468-082/ Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone
	Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone
	931E Charlton Circle, Saltlehe City, UT 89106
	Covered Person's County Address/Volunteer's Address
В.	Orban Otan Homes & Estates
	Outside institution, entity, private business or person in which the Covered Person has a personal or business interest for which disclosure is required in the above section
	Sales Ageut  Covered person's status, relationship or commitment to the institution, entity, business or person named above
	380 D) 2005 #101 Solt/de City, UT 84101-801-595-882
	Address and phone number of the institution, entity, business or person named above
C.	Select the category that applies to yourself and the outside institution, entity, business or person identified in subsection (B) above:
	I receive or have agreed to receive compensation for assisting a person or business entity in a transaction involving Salt Lake County.
	I am an officer, director, agent, employee or the owner of a substantial interest in a business entity that is subject to the regulation of
	Salt Lake County.  I am an officer, director, agent, employee or owner of a substantial interest in a business entity that does or anticipates doing business
	with Salt Lake County.
	I hold an investment or other financial interest that creates a potential or actual conflict with my public duties.
	I hold a personal interest that creates a potential or actual conflict with my public duties.
D.	Give a detailed description of the actual or potential conflicts of interest identified above, i.e., the nature of the relationship of each business entity or person with the County. Use more sheets if necessary. ( <i>This disclosure statement will not be accepted as valid unless this section is completed.</i> )
×	I am a Real Estate Agent, assisting buyers &
	I am a Real Estate Agent, assisting buyers & Sellers With their Real Estate Neeks throughout
	Salt Lake County. I have no direct involvement
	With Salt Lake Country Government in my Real
	Estale business.
	Covered Person's Signature
st	UBSCRIBED and SWORN to before me this 23 day of January, 2018.
	- Into a not Manage
	Maren Elizabeth Slaugh
	Notary Public State of Utah NOTARY PUBLIC, Residing in My Commission Expires on:
	October 16, 2018 Comm. Number: 679945
[S	EAL] County State

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Maren Elizabeth Slaugh Notary Public State of Utah

Ny Commission Expires on

October 16, 2018

Comm. Flumber, 679945

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January 24, 2018

**BEN McADAMS** 

Salt Lake County Mayor

Megan Hillyard Administrative Services

Department Director

Rory Payne
Facilities Management
Division Director
rpayne@slco.org

Salt Lake County Government Center 2001 South State Street Suite S3-120 PO Box 144575 Salt Lake City, UT 84114-4575 385 / 468-0332 To: County Council

From: Facilities Services Division

Re: 2018 Conflict of Interest Submissions

Noted below you will find employees who have submitted conflict of interest forms per Countywide Policy 1430.

Employee ID	Employee Name
159568	Johnny T. Asher
120677	Svetlana Bryner
209844	Jordan Gray
157893	Steven Bridgewaters
120797	Ryan S. Henrie
120938	Troy D. Penrod
157315	Ken Newbold

Sincerely,

Rory Payne

Division Director, Facilities Services



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.)

. Johnny T. Asher	HVAC Supervisor		801-718-1565	
Covered Person*	Position* or Cour	nty Division	County Phone	
2100 South State Street Covered Person's County Addres	South Salt Lake City Utah	SL 706		
The Universal Freemason Resear				
President and Founder				
Describe covered person's status, employment or investment in the outside institution, entity, private business, or personal contract				

2150 E Wilson Avenue SLC, Utah 84108 385-630-1096 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 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 President and Founder of the non-profit entity, I create educational material and conduct meetings that promote freemasonry and masonic ideals and philosophies as a means to improve society. I operate the non-profit as a volunteer and collect no salary from the entity. The relationship with Salt Lake County Government is only that I reside in Salt Lake County, the non-profit is registered in Salt Lake City, and I am fully employed with Salt Lake County Government, which is the sole source of my income. I submit this form as a means of making certain I am in compliance. There is no other relationship or business dealings between Salt Lake County Government and The Universal Freemason Research Society, Inc.

Covered Person's Signature

SUBSCRIBED and SWORN to before me this

County

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Page 2 of 2

<sup>\*&</sup>quot;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.

<sup>\*&</sup>quot;Position" refers to any Salt Lake County office, appointment, employment, or uncompensated volunteer situation as described in the definition of "covered person."





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

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A.	Svetlana Bryner	
	Covered Person* Position* or County Division County Phone	
	2001 S. State St	
	Covered Person's County Address	
B.	7	
	Outside institution, entity, private business or person involved	
	Real Estate Broker	
	Describe covered person's status, employment or investment in the outside institution, entity, private business, or personal contract	
	270 Aspen Dr., Park City UT 84098	
	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 nature of the economic interest or employment you hold in the private business. Also describe the relationship with or transact between the business, institution, person, etc. and Salt Lake County. Use more sheets if necessary. (This disclosure statement will no accepted as valid unless this section is completed.)	tion
	Oversee sales and leasing of real estate.	
	Covered Person's Signature	_
SUE	JBSCRIBED and SWORN to before me this 18th day of January, 2018.	
	[SEAL] INA LANDRY NOTARY PUBLIC -STATE OF UTAN My Comm. Exp 06/07/2020 Commission # 690406  Salt Cake County  County  State	

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IVA LANDRY
MOTARY PUBLIC STATE
WY Coren. Exp 06/07/2020
Commission # 090406

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(385) 468-0354



A. Jordan Gray



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

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Project Manager/ Facilities Division

	Covered Person*	Position* or County Division	County Phone
	2001 S State Street, Salt Lake City, UT 8	4190	
	Covered Person's County Address	3-	
В.	8. None		
	Outside institution, entity, private business or pe	rson involved	
	N/A		
	Describe covered person's status, employment o	r investment in the outside institution, entity, private	business, or personal contract
	N/A		
	Outside institution, entity, business or person's a	ddress and phone number	
C.	the nature of the economic interest or employe	are providing to the institution, entity, private busine ment you hold in the private business. Also describ and Salt Lake County. Use more sheets if necessary	e the relationship with or transaction
		Covered Person's Signature	NY
SU	SUBSCRIBED and SWORN to before me this	day of January, 20 18.	
	DARYLNE MCPHEE Notary Public State of My Commission Expire December 4, 2020	NOTARY PUBLIC, Residing in	encheets
	[SEAL] Comm. Number: 692	Salt Lake County County	Clerk, Salt Lake City, UT State

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Version Date: 3/19/2015



## SALT LAKE COUNTY **DISCLOSURE STATEMENT**

TO:

ALL SALT LAKE COUNTY OFFICERS, VOLUNTEERS, BOARD MEMBERS, AND EMPLOYEES (COVERED PERSONS\*)

FROM:

OFFICE OF THE DISTRICT ATTORNEY FOR SALT LAKE COUNTY

SUBJECT: STATUTORY ETHICAL AND DISCLOSURE REQUIREMENTS

All Salt Lake County covered persons\* must be aware of and abide by a Utah law which prohibits, or requires disclosure of certain actual or potential conflicts of interest between public duties and private business interests, if any. The County Officers and Employees Disclosure Act (§§ 17-16a-1, et seq., U.C.A., 1953 as amended) sets the following requirements:

#### **PROHIBITED ACTS:**

- 1. No covered person shall (1) use a County position\* for private advantage by revealing confidential, controlled, private or protected information gained through that position, (2) use his or her County position to secure special privileges, or (3) accept other investment or employment that would reasonably be expected to interfere with the ethical performance of his or her public duties.
- 2. No covered person shall knowingly receive, accept, take, seek or solicit, directly or indirectly, any gift or loan for himor herself or another if: (1) the gift or loan would reasonably tend to influence himor her in the performance of official duties, or (2) the donor has been, is, or may become involved in any official county business. Exceptions to subparagraph (2) are occasional non-money gifts of a value less than \$50.00; public awards; bona fide business loans; or campaign contributions actually used in a political campaign. Paid Salt Lake County officers and employees are prohibited from accepting any gifts of more than nominal value or which violate the Salt Lake County Ethics Code (SLCo. Ordinance sections 2.07.203 through 2.07.207).
- 3. No covered person, acting in a county position, may accept payment for helping a private person or business in any transaction with the county. Payment may be accepted if the transaction is not in the covered person's official capacity and disclosure is made as set forth below.
- 4. A covered person may not be involved with any private business which is regulated by the county, may not be involved in any transaction between their private business interests and the county, and may not be involved in any other actual or potential conflict of interest unless the nature and extent of the private business interest(s) are disclosed as explained below.

#### DISCLOSURE:

- 1. Any covered person who receives payment for helping a private person or business in a transaction with the county must disclose the payment.
- 2. Any covered person involved in a private business which is subject to county regulation must disclose that involvement. If the regulation is made by the agency or board of which the officer or employee is a member, disclosure must be made at each meeting in which the officer's or employee's business is discussed. Such oral disclosures shall be made part of the minutes of the meeting.
- 3. Any covered person involved with a private business that does or anticipates doing business with the county must disclose that involvement.
- 4. Any covered person who has a personal or business interest of any kind which raises an actual or potential conflict of interest with his or her position must disclose that interest.
- 5. All written disclosures must be sworn statements containing the information required above and be in a form similar to that on the reverse side of this document. All such statements are public records, open to public inspection. All disclosures must be made as follows: Orally in any meeting of a county agency, board or division where a transaction is discussed involving a matter in which the covered person has an interest. In writing when the conflict first arises. The general written disclosure must also be refiled every January of each year that the outside interest persists. The written disclosure is filed through the covered person's chain of command to the immediate supervisor, volunteer or community liaison, division director, department head or elected Comm. Number: 692580 official, and county council.

Violation of these provisions may subject the covered person to disciplinary action or 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.

\*See definition of "covered person" and "position" on reverse side.

Version Date: 3/19/2015





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.	STEVEN BRIDGEWATERS COVERED PERSON*	ELE	CTRICIAN	801	503 -6273
	Covered Person*	Position* o	r County Division	Co	ounty Phone
	Zoo 1 5 STATE 5 Covered Person's County Address	LC	UT		
B.	ELECTRICAL EARNING Outside institution, entity, private business or p				
	Outside institution, entity, private business or p	erson involved			
	PATUER Describe covered person's status, employment	or investment in th	he outside institution, ent	ity, private business, or person	al contract
	825 H 300 H 221 Outside institution, entity, business or person's	5LC	UT		
	Outside institution, entity, business or person's	address and phon	e number		
Ξ.	Describe below the nature of the assistance you the nature of the economic interest or emplo between the business, institution, person, etc. accepted as valid unless this section is completed.	yment you hold in and Salt Lake Co	n the private business. A	Iso describe the relationship v	with or transaction
	BASIC ELFCTRICAL MAN	ND STATE ITENANCE	TEST PREP	ERATION	
			_1		
			Covered Person's	Signature	
SUE	SSCRIBED and SWORN to before me this	day of Danu	, 20	18	
	[SEAL] INA LANE MOTARY PUBLIC - ST My Comm. Exp 06 Commission # 0	ATE OF UTAM	NOTARY PUBLIC, RECOUNTY	ndul esidingin	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."

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Version Date: 3/19/2015



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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.	Covered Person* Position* or County Division County Phone
	2001 S. STATE ST. SE 53-126 SLC, UT 84190 Covered Person's County Address
В.	Now E 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. ( <i>This disclosure statement will not be accepted as valid unless this section is completed.</i> )
	N/A
	Dathe
	Covered Person's Signature
SUB	SSCRIBED and SWORN to before me this day of , 20
To the state of th	BESSIE TSORTANIDIS Notary Public State of Utah My Commission Expires on: July 6, 2020
16.	County State

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

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

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Version Date: 3/19/2015





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.	Try D. Penral	Electrician Facilities	801-419-5994
	Covered Person*	Position* or County Division	County Phone
	Covered Person's County Address	lest Tordon	
B.	TOP Entagras S Outside institution, entity, private business or person	on involved	
	Owner Wholesa.  Describe covered person's status, employment or in	le Ammo Buss. nvestment in the outside institution, entity, priv	ate business, or personal contract
	Outside institution, entity, business or person's add	ress and phone number	
C.	Describe below the nature of the assistance you are the nature of the economic interest or employme between the business, institution, person, etc. and accepted as valid unless this section is completed.)	e providing to the institution, entity, private bus ent you hold in the private business. Also des	cribe the relationship with or transaction
	Ammuniston Whol	lesa/e	
		Covered Person's Signatur	De l'acceptance
SUB		y of January, 2018.	dry
	INA LANDRY MOTARY PUBLIC -STATE OF UTA My Comm. Exp 06/07/2020 Commission # 690406	NOTARY PUBLIC, Residing i	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.

<sup>\*&</sup>quot;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.

<sup>\*&</sup>quot;Position" refers to any Salt Lake County office, appointment, employment, or uncompensated volunteer situation as described in the definition of "covered person."

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BY Comm. Exp 08/07/2020
Commission # 690496



Version Date: 3/19/2015





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.	Covered Person* Position* or County Division	901-413-8492 County Phone
	Covered Person's County Address  Drive Bluffdake	Utah 84065
В.	OID Mule Electric Outside institution, entity, private business or person involved	
	Describe covered person's status, employment or investment in the outside institution, entity, private busin	ess, or personal contract
	Outside institution, entity, business or person's address and phone number	
Ξ.	Describe below the nature of the assistance you are providing to the institution, entity, private business or 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. (This accepted as valid unless this section is completed.)	relationship with or transaction
	I am the owner of the company	
	Covered Person's Signature	
SUE	BSCRIBED and SWORN to before me this day of January, 2018.	
s st	BESSIE TSORTANIDIS Notary Public State of Utah My Commission Expires on: July 6, 2020 Comm. Number: 689845 tatement is a public document. It must be filed with the covered person's immediate supervisor, volunteer of	State or community liaison, division director

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."





01/24/2018

Ben McAdams Salt Lake County Mayor

Zach Posner Chief Information Officer County Council Salt Lake County Government Center 2001 S. State Street Salt Lake City, UT 84190

Dear County Council:

Provided below is a list of names of each individual who are turning in a Conflict of Interest form:

- 1. Zachary Posner (208968)
- 2. Mark R. Garrison (207940)
- 3. Jonathan Thelen (164454)
- 4. Joseph Borgione (206327)
- 5. Izabela Miller (102289)
- 6. Becky Reid (120963)
- 7. Angela Cortese (210015)

Sincerely,

Zach Posner

Chief Information Officer

SALT LAKE COUNTY GOVERNMENT CENTER 2001 S. State St. Ste. NL-400 Salt Lake City, UT 84190

> www.slco.org TTY: 7-1-1

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#### DISCLOSURE OF PERSONAL OR FINANCIAL INTEREST

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

Under the provisions of the County Officers and Employees Disclosure Act, §§ 17-16a-1 et seq., U.C.A., 1953 as amended, I, the undersigned, under penalties of perjury, make the following statement regarding my personal or business interest. (Type or print all information.) A.  $\frac{\text{MARK R GARRISON}}{\text{Covered Person}}$  Position, or County Division for which you are employed or volunteering County/Volunteer's Phone 9290 SANDTRAP COURT PARK CITY UT 84098 Covered Person's County Address/Volunteer's Address REVIEWNET CORPORATION Outside institution, entity, private business or person in which the Covered Person has a personal or business interest for which disclosure is required in the above section () WNER Covered person's status, relationship or commitment to the institution, entity, business or person named above 9290 SAND TRAP CT PARIC CITY IT 54095
Address and phone number of the institution, entity, business or person named above Select the category that applies to yourself and the outside institution, entity, business or person identified in subsection (B) above: I receive or have agreed to receive compensation for assisting a person or business entity in a transaction involving Salt Lake County. I am an officer, director, agent, employee or the owner of a substantial interest in a business entity that is subject to the regulation of Salt Lake County. I am an officer, director, agent, employee or owner of a substantial interest in a business entity that does or anticipates doing business with Salt Lake County. I hold an investment or other financial interest that creates a potential or actual conflict with my public duties. I hold a personal interest that creates a potential or actual conflict with my public duties. Give a detailed description of the actual or potential conflicts of interest identified above, i.e., the nature of the relationship of each business entity or person with the County. Use more sheets if necessary. (This disclosure statement will not be accepted as valid unless this section is completed.) Reviewnet Corporation provider technical testing of IT professionals for companies seeking to evaluate potential employeer, Review Heldoes not currently do business with Solt Lake County and is not actively marketing to solt Lake County, but there is 2 possibility of 2 relationship in the futur Covered Person's Signature SUBSCRIBED and SWORN to before me this 24 day of January , 2018. NOTARY PUBLIC, Residing in KIMBERLEY HANSEN Notary Public State of Utah Comm. No. 680043 County [SEAL My Comm. Expires Nov 12, 2018



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# DISCLOSURE OF PERSONAL OR FINANCIAL INTEREST

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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 personal or business interest. (Type or print all information.)

A.	Jonathan Thelen	Information Services		385-468-0657
	Covered Person	Position, or County Division for	which you are employed or volunteering	County/Volunteer's Phone
	2001 S State St # N	L-400, Salt Lake City, UT	84190	
	Covered Person's County	Address/Volunteer's Address		
В.	Unif	ied Police Department (UF	PD)	
			ich the Covered Person has a personal or busi	ness interest for which disclosure
	is required in the above see			
		Advisory Board (CAB)	institution, entity, business or person named	_1
	•			above
		est, Salt Lake City, UT 84		
	Address and phone numbe	er of the institution, entity, busine	ss or person named above	
C.	Select the category that a	pplies to yourself and the outside	institution, entity, business or person identifi	ed in subsection (B) above:
	I receive or have agree	eed to receive compensation for a	ssisting a person or business entity in a transac	ction involving Salt Lake County.
	I am an officer, direct Salt Lake County.	ctor, agent, employee or the owne	r of a substantial interest in a business entity	that is subject to the regulation of
			a substantial interest in a business entity that of	does or anticipates doing business
			eates a potential or actual conflict with my pu tual conflict with my public duties.	blic duties.
D.			ets of interest identified above, i.e., the nature assary. (This disclosure statement will not be a	
	Department (UPD), participates in communication (SLCo I.S.	which advises the depart munity activities with the d .). The CAB does not adv	of the Salt Lake County Sheriff's Coments on citizen and community issue partments. UPD is a customer of the UPD on management, busing process between UPD and SLCo	sues, and coordinates and Salt Lake County Information ness, or IT issues and I am n
SU	BSCRIBED and SWORN	to before me this <u>23 2 121</u> day of	Covered Person's Signature  January, 2018	
[SE	EALJ	MELANI A. MARTINEZ Notary Public State of Utah Comm. No. 684857	NOTARY PUBLIC, Residing in  Sceld Culc Cura, County	estrices orty 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 refiled every January, as long as the potential conflict exists.

My Comm. Expires Sep 2, 2019

MELANI A. MARDNEZ Notary Public State of Utab Comm. No. 684867 one Evours Sep 2, 2019



## DISCLOSURE OF PERSONAL OR FINANCIAL INTEREST

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

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

A.	Joseph V Borg	ione	385-468-0626	
	Covered Person	Position, or County Division for which you are employed or volunteering	County/Volunteer's Phone	
	Covered Person's Cou	nty Address/Volunteer's Address		
		· · · · · · · · · · · · · · · · · · ·		
	Alpine Geogra Outside institution, end is required in the above	tity, private business or person in which the Covered Person has a personal or bus	iness interest for which disclosure	
	Former CEO			
	Covered person's statu	s, relationship or commitment to the institution, entity, business or person named	above	
	4104 S 3305 E	SLC UT 84124 801-673-1029		
	Address and phone nu	mber of the institution, entity, business or person named above		
С.	Select the category th	at applies to yourself and the outside institution, entity, business or person identif	ied in subsection (B) above:	
	I receive or have	agreed to receive compensation for assisting a person or business entity in a transa	action involving Salt Lake County.	
	I am an officer, director, agent, employee or the owner of a substantial interest in a business entity that is subject to the regulation of Salt Lake County.			
		lirector, agent, employee or owner of a substantial interest in a business entity that	does or anticipates doing business	
	I hold an investn	nent or other financial interest that creates a potential or actual conflict with my printerest that creates a potential or actual conflict with my public duties.	ublic duties.	
D.	Give a detailed descrientity or person with is completed.)	ption of the actual or potential conflicts of interest identified above, i.e., the nature the County. Use more sheets if necessary. ( <i>This disclosure statement will not be a conflict of the </i>	of the relationship of each business accepted as valid unless this section	
	In past I was self emp dissolved the busines	loyed by Alpine Geographic INC, and provided GIS consulting services to various entities. Hows	wever, since my employemtn with the COunty	
///				
		Covered Person's Signature		
		, ,		
SU	BSCRIBED and SWO	RN to before me this 23rd day of January, 2018	<u>).</u>	
		MELANI A. MARTINEZ  NOTARY PUBLIC, Residing in	Diáz	
		Notary Public State of Utah	Ay UT	
[SE	EAL]	Comm. No. 684857 My Comm. Expires Sep 2, 2019	State	

MELANI A MARTINEZ
Notary Public
State of Utah
Comin No. 084657
My Comin Lynnas Sap 2, 2019



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

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, der penalties of perjury, make the following statement regarding my personal or business interest. ( <i>Type or print all information</i> .)
A.	Covered Person  Position, or County Division for which you are employed or volunteering  385-468-0661  County/Volunteer's Phone
	Covered Person's County Address/Volunteer's Address
	ESR 1
В.	Outside institution, entity, private business or person in which the Covered Person has a personal or business interest for which disclosure
	is required in the above section
	Personal relationship  Covered person's status, relationship or commitment to the institution, entity, business or person named above
	380 New York Street, Redlands, CA 92373
	Address and phone number of the institution, entity, business or person named above
0	
C.	Select the category that applies to yourself and the outside institution, entity, business or person identified in subsection (B) above:
	I receive or have agreed to receive compensation for assisting a person or business entity in a transaction involving Salt Lake County.
	I am an officer, director, agent, employee or the owner of a substantial interest in a business entity that is subject to the regulation of
	Salt Lake County.  I am an officer, director, agent, employee or owner of a substantial interest in a business entity that does or anticipates doing business
	with Salt Lake County.
	I hold an investment or other financial interest that creates a potential or actual conflict with my public duties.  Hold a personal interest that creates a potential or actual conflict with my public duties.
D.	entity or person with the County. Use more sheets if necessary. (This disclosure statement will not be accepted as valid unless this section is completed.)
	I'm involved in a personal relationship with ESRI
	I'm involved in a personal relationship with ESRI consultant, Bonny Krouk. Danny does not perform any work for suco or will in the future. My busing relationship is limited to EEAP, account manager
	any work for suco or will in the future. My busin
	relationship is limited to EEAP, account manager
	and solution engineer.
	12612 chall-
	Covered Person's Signature
SU	BSCRIBED and SWORN to before me this 3 3rd day of Jernuary , 2018.
	ba a dime too
	MELANI A. MARTINEZ NOTARY PUBLIC, Residing in
	State of Utah Comm. No. 684857  Scilt Loile County UT
[S]	My Comm. Expires Sep 2, 2019  County  State



# SALT LAKE COUNTY DISCLOSURE STATEMENT

TO: ALL SALT LAKE COUNTY OFFICERS, VOLUNTEERS, BOARD MEMBERS AND EMPLOYEES ("covered

persons")

FROM: THE SALT LAKE COUNTY DISTRICT ATTORNEY'S OFFICE

SUBJECT: STATUTORY ETHICAL AND DISCLOSURE REQUIREMENTS

All Salt Lake County covered persons must understand and follow a Utah law that prohibits, or requires disclosure of, certain actual or potential conflicts of interest between public duties and private interests. The County Officers and Employees Disclosure Act (§§ 17-16a-1, et seq., U.C.A., 1953 as amended) and Salt Lake Countywide Policy 1430 set the following requirements:

## PROHIBITED ACTS

A covered person may not:

- Disclose confidential information acquired by reason of the covered person's official position or use such information to secure special privileges or exemptions for the covered person or others;
- 2. Use or attempt to use the covered person's official position to secure special privileges for the covered person or for others; or
- 3. Knowingly receive, accept, take, seek or solicit, directly or indirectly, any gift or loan for the covered person or for another, if the gift or loan tends to influence the covered person in the discharge of his/her official duties.

#### DISCLOSURE REQUIRED

A covered person is required to make a disclosure if he or she:

- A. Receives or agrees to receive compensation for assisting a person or business entity in a transaction involving Salt Lake County;
- Is an officer, director, agent, employee or the owner of a substantial interest in a business entity that is subject to the regulation of Salt Lake County;
- Is an officer, director, agent, employee or owner of a substantial interest in a business entity that does or anticipates doing business with Salt Lake County;
- Holds an investment or other financial interest that creates a potential or actual conflict between the interest and the covered person's public duties; or
- E. Hold some personal interest that creates a potential or actual conflict between the interest and the covered person's public duties.

All written disclosures must be sworn statements containing the information described above and be in a form similar to that on the reverse side of this document. All such statements are public records, open to public inspection. All disclosures must be made as follows: Orally in any meeting of a county agency, board or division where a transaction is discussed involving a matter in which the covered person has an interest, and in writing when the conflict first arises. The general written disclosure must also be filed in January of each year that the outside interest exists. The written disclosure is filed through the covered person's chain of command to the immediate supervisor, volunteer or community liaison, division director, department head or elected official, and county council.

Violation of these provisions may subject the covered person to disciplinary action or 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. Additional requirements or exceptions may apply. YOUR CONDUCT WILL BE GOVERNED BY THE LAW, NOT THIS SUMMARY. 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.

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# DISCLOSURE OF PERSONAL OR FINANCIAL INTEREST

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

Un 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 personal or business interest. ( <i>Type or print all information</i> .)
A.	Becky Pocid Information Services  Covered Person Position, or County Division for which you are employed or volunteering  County/Volunteer's Phone
	2001 S. State St. # NL-400, Salt lake City UT 84190 Covered Person's County Address/Volunteer's Address
В.	Outside institution, entity, private business or person in which the Covered Person has a personal or business interest for which disclosure is required in the above section
	Souse of Verizon amployee  Covered person's status, relationship or commitment to the institution, entity, business or person named above
	Address and phone number of the institution, entity, business or person named above
C.	Select the category that applies to yourself and the outside institution, entity, business or person identified in subsection (B) above:
	I receive or have agreed to receive compensation for assisting a person or business entity in a transaction involving Salt Lake County.
	I am an officer, director, agent, employee or the owner of a substantial interest in a business entity that is subject to the regulation of Salt Lake County.  I am an officer, director, agent, employee or owner of a substantial interest in a business entity that does or anticipates doing business with Salt Lake County.  I hold an investment or other financial interest that creates a potential or actual conflict with my public duties.  I hold a personal interest that creates a potential or actual conflict with my public duties.
D.	entity or person with the County. Use more sheets if necessary. (This disclosure statement will not be accepted as valid unless this section is completed.)
	my job duties include ordering cell phones, managing verison online account and billing. My spouse is a sustans engineer for verison but does not work for or in the government sector.
	is a sustans engree for venisor.
	Covered Person's Signature
SU	JBSCRIBED and SWORN to before me this 23rd day of January , 2018.
[S	MELANI A. MARTINEZ Notary Public State of Utah Comm. No. 684857 My Comm. Expires Sep 2, 2019  MELANI A. MARTINEZ NOTARY PUBLIC, Residing in Scale Louis County  State



MELANI A. MARTINEZ Notary Public State of Utah Comm. No. 884857 My Comm. Expires Sep 2, 2019

## DISCLOSURE OF PERSONAL OR FINANCIAL INTEREST

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

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

A.	Zachary Posner	CIO - Salt Lake County	/	385-468-0649
	Covered Person	Position, or County Division for wh	ich you are employed or volunteering	County/Volunteer's Phone
	2001 State Street	Salt Lake City, UT 84	114	
	Covered Person's County	Address/Volunteer's Address		
B.	LGBTQ Therapists	Guild		
	Outside institution, entity, is required in the above see		the Covered Person has a personal or bus	siness interest for which disclosure
		d member of the non-profit b		
	Covered person's status, re	elationship or commitment to the ins	titution, entity, business or person named	labove
	LGBTQ Guild, PO	Box 651464 South Salt La	ke, UT 84165-1464 h	ttp://lgbtqtherapists.com
	Address and phone number	er of the institution, entity, business of	or person named above	
C.	Select the category that a	pplies to yourself and the outside ins	titution, entity, business or person identi-	fied in subsection (B) above:
	I receive or have agree	eed to receive compensation for assis	ting a person or business entity in a transa	action involving Salt Lake County.
	I am an officer, direct Salt Lake County.	ctor, agent, employee or the owner of	f a substantial interest in a business entity	that is subject to the regulation of
	I am an officer, direc		ibstantial interest in a business entity that	does or anticipates doing business
			es a potential or actual conflict with my p	ublic duties.
	X I hold a personal inte	erest that creates a potential or actual	conflict with my public duties.	
D.			of interest identified above, i.e., the nature y. (This disclosure statement will not be	
	is completedly			
Gu	chary Posner's (CIO, SLCO ild of Utah. They have, fron overnment sources.	spouse (Kara Posner) is an unpaid m time to time, sought or received gr	member of the Board of Directors of the rant funding from the State of Utah and n	LGBTQ Affirmative Therapists nay seek similar funding from other
[ aı	m currently unaware of any	such ongoing projects but recognize	e that it is reasonable that such efforts ma	y exist currently or in the future.
				1
				2
			Covered Person's Signature	
SU	BSCRIBED and SWORN t	to before me this _22 rel_day of _	January, 20 18	2.
		FLANIA MADTINET	and In I	ton
		ELANI A. MARTINEZ Notary Public State of Utah	NOTARY PUBLIC, Residing in	ALL'S



# SALT LAKE COUNTY DISCLOSURE STATEMENT

TO: ALL SALT LAKE COUNTY OFFICERS, VOLUNTEERS, BOARD MEMBERS AND EMPLOYEES ("covered

persons")

FROM: THE SALT LAKE COUNTY DISTRICT ATTORNEY'S OFFICE

SUBJECT: STATUTORY ETHICAL AND DISCLOSURE REQUIREMENTS

All Salt Lake County covered persons must understand and follow a Utah law that prohibits, or requires disclosure of, certain actual or potential conflicts of interest between public duties and private interests. The County Officers and Employees Disclosure Act (§§ 17-16a-1, et seq., U.C.A., 1953 as amended) and Salt Lake Countywide Policy 1430 set the following requirements:

#### PROHIBITED ACTS

A covered person may not:

- Disclose confidential information acquired by reason of the covered person's official position or use such information to secure special privileges or exemptions for the covered person or others;
- 2. Use or attempt to use the covered person's official position to secure special privileges for the covered person or for others; or
- 3. Knowingly receive, accept, take, seek or solicit, directly or indirectly, any gift or loan for the covered person or for another, if the gift or loan tends to influence the covered person in the discharge of his/her official duties.

#### DISCLOSURE REQUIRED

A covered person is required to make a disclosure if he or she:

- A. Receives or agrees to receive compensation for assisting a person or business entity in a transaction involving Salt Lake County;
- Is an officer, director, agent, employee or the owner of a substantial interest in a business entity that is subject to the regulation of Salt Lake County;
- Is an officer, director, agent, employee or owner of a substantial interest in a business entity that does or anticipates doing business with Salt Lake County;
- Holds an investment or other financial interest that creates a potential or actual conflict between the interest and the covered person's public duties; or
- E. Hold some personal interest that creates a potential or actual conflict between the interest and the covered person's public duties.

All written disclosures must be sworn statements containing the information described above and be in a form similar to that on the reverse side of this document. All such statements are public records, open to public inspection. All disclosures must be made as follows: Orally in any meeting of a county agency, board or division where a transaction is discussed involving a matter in which the covered person has an interest, and in writing when the conflict first arises. The general written disclosure must also be filed in January of each year that the outside interest exists. The written disclosure is filed through the covered person's chain of command to the immediate supervisor, volunteer or community liaison, division director, department head or elected official, and county council.

Violation of these provisions may subject the covered person to disciplinary action or 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. Additional requirements or exceptions may apply. YOUR CONDUCT WILL BE GOVERNED BY THE LAW, NOT THIS SUMMARY. 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.

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Revised 10/17

Revised 10/17

Version Date: 3/19/2015



**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.	Angela Cortese IS Project Manager 38846806 Covered Person* Ocupy Division Ject Manager 38846806 Covered Person*
	82515: 560e Sandy UT 84070 Covered Person's County Address
В.	Outside institution, entity, private business or person involved
	Tarve for Uber on Weekends & Lyft  Describe covered person's status, employment or investment in the outside institution, entity, private business, or personal contract
	Lyf+855-865-9553/Press2/Uber 800-353-8237 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 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> )
	I drive my car as an Uber driver picking up and dropping off fares. I also drive for Lyft.
	Covered Person's Signature
SUB	SCRIBED and SWORN to before me this 3rd day of January, 20 18.
	MELANI A. MARTINEZ Notary Public State of Utah Comm. No. 684857 My Comm. Expires Sep 2, 2019  State  Salt Culc Circuity  State
	7

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."

