



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*.)

Anna F Gallagher	Collections Division Administrator (Treasurer's Office)	385.468.8309
Covered Person*	Position* or County Division	County Phone
2001 S State, Gov't Cent Covered Person's County Add	ter N1-200, SLC, UT 84114-4575	
Covered Person's County Add	ress	
Alta Canyon Baptist Church		
Outside institution, entity, pri	vate business or person involved	
Assistant Financial Secre		
Describe covered person's sta	tus, employment or investment in the outside institution, entity, private busines	ss, or personal contract
11194 S 1000 E Sandy, U	JT 801.572.0747	
Outside institution, entity, bu	siness or person's address and phone number	
the nature of the economic i	the assistance you are providing to the institution, entity, private business or peinterest or employment you hold in the private business. Also describe the rution, person, etc. and Salt Lake County. Use more sheets if necessary. (This action is completed.)	elationship with or transaction
As a volunteer, I sign checks, r	nake bank deposits, and count offerings.	
	Ama F () Covered Person's Signature	allagher
BSCRIBED and SWORN to before	e me this 25 day of January , 20 18.	U
10000	LISA B. DANIELS NOTARY PUBLIC, Residing in	
[CEAL]	Notary Public State of Utan	
[SEAL]	November 11 2019	117

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

November 11, 2019 Comm. Number: 685574

^{*&}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.

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

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)	

Date of Request	01/31/18
Requesting Staff Member	Karen Hale
Requested Council Date	02.06.18
Topic/Discussion Title	Disclosure Statements
Description	Attached are the disclosure statements from the following departments/divisions: Mayors Office/Administration
Requested Action1	Consent
Presenter(s)	N/A
Time Needed ²	<5
Time Sensitive ³	No
Specific Time(s) ⁴	No
Please attach the supporting documentation you plan to provide for the packets to this form. While not ideal, if supporting documents are not yet ready, you can still submit them by 10 am the Friday morning prior to the COW agenda. Items without documentation may be taken off for consideration at that COW meeting.	

Mayor or Designee approval:

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

² Assumed to be 10 minutes unless otherwise specified.

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

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



Ben McAdams Salt Lake County Mayor

Erin LitvackDeputy Mayor, County Services

Rick Graham Deputy Mayor, Operations

Karen HaleDeputy Mayor, Community
& External Affairs

Darrin CasperDeputy Mayor, Finance
& Administration

Aimee Winder-Newton Salt Lake County Council 2001 South State Street Salt Lake City, UT 84114

Dear Chairwoman Winder-Newton:

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

- Karen Hale
- Anne Dayton
- J. Janell Fluckiger
- Rick Graham
- Emma E. Houston
- Ze Min Xiao
- Anna Vukin-Chow
- Justin Stewart
- Ben McAdams
- Kim Barnett
- Joseph Mbuga
- Carly Lansche
- Erin Litvack

Respectfully,

Erin Litvack, Deputy Mayor Salt Lake County Mayor's Office



Ben McAdams Salt Lake County Mayor

Erin LitvackDeputy Mayor, County Services

Rick Graham Deputy Mayor, Operations

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Aimee Winder-Newton Salt Lake County Council 2001 South State Street Salt Lake City, UT 84114

Dear Chairwoman Winder-Newton:

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- Justin Stewart
- Ben McAdams
- Kim Barnett
- Joseph Mbuga
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Respectfully,

Erin Litvack, Deputy Mayor Salt Lake County Mayor's Office

(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*.)

Α.	Karen Hale Deputy Mayor	385-468-7035			
	Covered Person Position, or County Division for which you are employed or volunteering	County/Volunteer's Phone			
	2431 Lynwood Dr, Salt Lake City, UT 84109				
	Covered Person's County Address/Volunteer's Address				
В.	Intermountain Healthcare Board of Trustees				
	Outside institution, entity, private business or person in which the Covered Person has a personal or busing required in the above section	ness interest for which disclosure			
	Trustee				
	Covered person's status, relationship or commitment to the institution, entity, business or person named	above			
	IHC, 36 S. State St Salt Lake City 84111 (801)-442-2000				
	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 identifi	ed in subsection (B) above:			
	I receive or have agreed to receive compensation for assisting a person or business entity in a transaction	ction 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 of	loes 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 put I hold a personal interest that creates a potential or actual conflict with my public duties.	blic duties.			
	I note a personal interest that creates a potential of 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 be entity or person with the County. Use more sheets if necessary. (<i>This disclosure statement will not be accepted as valid unless this is completed.</i>)					
	Trustees set policy, create goals and evaluate management's performa	ance.			
	1/4 0				
	Covered Person's Signature				
SH	JBSCRIBED and SWORN to before me this $\frac{2}{100000000000000000000000000000000000$				
	MICHELLE M HICKS)			
	NOTARY PUBLIC - STATE OF UTAH My Comm. Exp 06/15/2020 NOTARY PUBLIC, Residing in	1			
	Commission # 672015	JT			
[SI	EAL] County	State			

(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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Covered Person Position, or County Division for which you are employed or volunteering 2431 Lynwood Dr, Salt Lake City, UT 84109 Covered Person's County Address/Volunteer's Address Envision Utah Board of Directors Outside institution, entity, private business or person in which the Covered Person has a personal or business interest for which disclosur is required in the above section Board Member Covered Person's status, relationship or commitment to the institution, entity, business or person named above 254 South 600 East, Suite 201 SLC, UT 84102 (801) 303-1450 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 busines 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. 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 businentity or person with the County. Use more sheets if necessary. (This disclosure statement will not be accepted as valid unless this sections is completed.) Board Member
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B. Envision Utah Board of Directors Outside institution, entity, private business or person in which the Covered Person has a personal or business interest for which disclosur is required in the above section Board Member Covered person's status, relationship or commitment to the institution, entity, business or person named above 254 South 600 East, Suite 201 SLC, UT 84102 (801) 303-1450 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 busines 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 each busine entity or person with the County. Use more sheets if necessary. (This disclosure statement will not be accepted as valid unless this sectors completed.)
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Covered Person's Signature
SUBSCRIBED and SWORN to before me this 31 day of 4, 2016.
MICHELLE M HICKS
My Comm. Exp 06/15/2020
[SEAL] Commission # 672015 County State

(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.)

Α.	Karen Hale	Deputy Mayor		385-468-7035
	Covered Person I	Position, or County Division for which	h you are employed or volunteering	County/Volunteer's Phone
	2431 Lynwood D	Or, Salt Lake City, UT 8	34109	
	Covered Person's County A	Address/Volunteer's Address		
В.	Utah Film Cente	er		
	is required in the above sec		ne Covered Person has a personal or busine	ss interest for which disclosure
	Board Member			
	Covered person's status, re	lationship or commitment to the insti	tution, entity, business or person named ab	ove
	50 West Broadw	vay Suite 1125, SLC, U	JT 84101 (801) 746-7000	
	Address and phone number	of the institution, entity, business or	person named above	·
C.	Select the category that ap	oplies to yourself and the outside insti	tution, entity, business or person identified	in subsection (B) above:
	I receive or have agre	ed to receive compensation for assisti	ng a person or business entity in a transaction	on involving Salt Lake County.
		tor, agent, employee or the owner of	a substantial interest in a business entity that	at is subject to the regulation of
	Salt Lake County.	or, agent, employee or owner of a sub	estantial interest in a business entity that does	es or anticipates doing business
	with Salt Lake Count	у.		•
		or other financial interest that creates rest that creates a potential or actual or	a potential or actual conflict with my public	ic duties.
	I note a personal inter	rest that creates a potential of actuary	connect with my paone duties.	
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	Board Member			
	Board Morribor			
			1/	
			Markla	
			Covered Person's Signature	
		21	M10.11(1.0.0.1)	
SU	BSCRIBED and SWORN to	o before me thisday of	20_10.	
			1 Bahala	
	MICHEL	LLE M HICKS	NOTARY PUBLIC, Residing in	
	My Comm	BLIC -STATE OF UTAH LEXP 06/15/2020	NA/IC	1/7
[SE	Commis	ssion # 672015	County	State

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٠	Covered Person Position, or County Division for which you are employed or volunteering	County/Volunteer's Phone
	2431 Lynwood Dr, Salt Lake City, UT 84109	
	Covered Person's County Address/Volunteer's Address	
В.	Utah Tibetan Foundation	
	Outside institution, entity, private business or person in which the Covered Person has a personal or busi is required in the above section	ness interest for which disclosure
	Board Member	
	Covered person's status, relationship or commitment to the institution, entity, business or person named	above
	PO Box 171092 SLC, Ut 84117 (801) 671-1533	
	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 identifi	ed in subsection (B) above:
	I receive or have agreed to receive compensation for assisting a person or business entity in a transaction	ction involving Salt Lake County.
	I am an officer, director, agent, employee or the owner of a substantial interest in a business entity Salt Lake County.	that is subject to the regulation of
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	with Salt Lake County.	III'-d-d
	I hold an investment or other financial interest that creates a potential or actual conflict with my pull hold a personal interest that creates a potential or actual conflict with my public duties.	blic duties.
D		- Calo lationalis - Canal husinas
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	Board Member	
	Board Monibor	
	// Mill	u/
	Covered Person's Vignature	
SH	BSCRIBED and SWORN to before me this 3 day of 71 day	
	au) or	
	MOUTHERMINE	
	MICHELLE M HICKS NOTARY PUBLIC -STATE OF UTAH NOTARY PUBLIC, Residing in	
	My Comm. Exp 06/15/2020 Commission # 672015	UT
ISE	EAL) County	State

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5.75	Covered Person Position, or County Division for which you are employed or volunteering	County/Volunteer's Phone		
	2431 Lynwood Dr, Salt Lake City, UT 84109			
	Covered Person's County Address/Volunteer's Address			
В.	Natural History Museum of Utah Community Relations Board			
	Outside institution, entity, private business or person in which the Covered Person has a personal or business required in the above section	siness interest for which disclosure		
	Board Member			
	Covered person's status, relationship or commitment to the institution, entity, business or person named	l above		
	301 Wakara Way, SLC, UT 84108 (801) 581-6927			
	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.		
	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 p I hold a personal interest that creates a potential or actual conflict with my public duties.	ublic duties.		
Б				
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	Board Member			
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	Covered Person's Signature			
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	MICHELLE M HICKS NOTARY PUBLIC -STATE OF UTAH NOTARY PUBLIC, Residing in			
	My Comm. Exp 06/15/2020 Commission # 672015	IIT		
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	Covered Person	Position, or County Divisi	ion for which you are employed or volunteering	County/Volunteer's Phone
	2431 Lynwood	Dr, Salt Lake Cit	ty, UT 84109	
	Covered Person's County	Address/Volunteer's Addr	ress	
В.	Utah Debate C	ommission Exec	cutive Committee	
	Outside institution, entity is required in the above se		n in which the Covered Person has a personal or busing	ness interest for which disclosure
	Committee Mer	mber		
	Covered person's status, i	relationship or commitment	t to the institution, entity, business or person named	above
	PO Box 1654 A	American Fork, U	Itah 84003 (801) 919-6004	
	Address and phone number	er of the institution, entity,	business or person named above	
C.	Select the category that a	applies to yourself and the o	outside institution, entity, business or person identific	ed in subsection (B) above:
	I receive or have aga	reed to receive compensatio	on for assisting a person or business entity in a transac	ction involving Salt Lake County.
	I am an officer, dire	ector, agent, employee or the	e owner of a substantial interest in a business entity t	that is subject to the regulation of
	Salt Lake County.	ctor, agent, employee or ow	vner of a substantial interest in a business entity that d	loes or anticipates doing business
	with Salt Lake Cour	nty.		F 255
			that creates a potential or actual conflict with my pural or actual conflict with my public duties.	blic duties.
	I noid a personal inc	terest that creates a potentia	if of 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 bus entity or person with the County. Use more sheets if necessary. (<i>This disclosure statement will not be accepted as valid unless this se is completed.</i>)				
	Committee Mem	her		
	Committee Wem	DCI		
			11 21 1	
			hulls	W
		21	Covered Person's Signature	
SU	BSCRIBED and SWORN	to before me this	_day of	
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	MIC	CHELLE M HICKS	7 Water Date of the Control of the C	
	HE WINE IN THE	RY PUBLIC -STATE OF UTAH Comm. Exp 06/15/2020	NOTARY PUBLIC, Residing in	[17
10.		Commission # 672015	D/1V13	U_
ISE	EAL]		County	State

(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*.)

Α.	Karen Hale Deputy Mayor	385-468-7035
	Covered Person Position, or County Division for which you are employed or volunteering	County/Volunteer's Phone
	2431 Lynwood Dr, Salt Lake City, UT 84109	
	Covered Person's County Address/Volunteer's Address	
В.	Intermountain Donor Services Medical Advisory Board	
о.	Outside institution, entity, private business or person in which the Covered Person has a personal or business required in the above section	ness interest for which disclosure
	Board Member	
	Covered person's status, relationship or commitment to the institution, entity, business or person named	above
	30 South 500 East, #490 SLC, UT 84102 (801) 521-17558	
	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 identifi	ed in subsection (B) above:
	I receive or have agreed to receive compensation for assisting a person or business entity in a transaction	ction 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 of the substantial interest in a business entity that it is a business entity that of the substantial interest in a business entity that of the substantial interest in a business entity that of the substantial interest in a business entity that of the substantial interest in a business entity that of the substantial interest in a business entity that of the substantial interest in a business entity that of the substantial interest in a business entity that of the substantial interest in a business entity that of the substantial interest in the substantial interest in the substantial interest in the substantial interest	loes 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 pull hold a personal interest that creates a potential or actual conflict with my public duties.	blic 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 be entity or person with the County. Use more sheets if necessary. (This disclosure statement will not be accepted as valid unless this is completed.)		
	Advisory Board Member	
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	Covered Person' Signature	7
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	NOTARY PUBLIC -STATE OF UTAH My Comm. Exp 06/15/2020 NOTARY PUBLIC, Residing in	dt
	Commission # 672015	<u> </u>
[SI	EAL] County	State

(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.)

A	Karen Hale	Deputy Mayor		385-468-7035
	Covered Person	Position, or County Division for which you are emplo	yed or volunteering	County/Volunteer's Phone
	2431 Lynwood	Dr, Salt Lake City, UT 84109		
	Covered Person's Count	y Address/Volunteer's Address		·
В.	Visit Salt Lake	Executive Committee		
	Outside institution, entities required in the above s	y, private business or person in which the Covered Person ection	on has a personal or busine	ess interest for which disclosure
	Board Member	-		
	Covered person's status,	relationship or commitment to the institution, entity, but	siness or person named al	pove
	VSL, 90 South	West Temple, SLC, UT 84101 (8	01) 534-4900	
	Address and phone num	per of the institution, entity, business or person named a	bove	
C.	Select the category that	applies to yourself and the outside institution, entity, bu	siness or person identified	I in subsection (B) above:
	I receive or have ag	reed to receive compensation for assisting a person or be	usiness entity in a transact	on involving Salt Lake County.
	I am an officer, dir Salt Lake County.	ector, agent, employee or the owner of a substantial inte	rest in a business entity th	at is subject to the regulation of
	I am an officer, dir	ector, agent, employee or owner of a substantial interest	in a business entity that do	es or anticipates doing business
	with Salt Lake Cou	inty. nt or other financial interest that creates a potential or ac	tual conflict with my pub	ic duties
		terest that creates a potential or actual conflict with my		ie daties.
D.		on of the actual or potential conflicts of interest identifies a County. Use more sheets if necessary. (<i>This disclosur</i>		
	Board Member			
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		Covered Person	n's Signature	
CII	BSCRIBED and SWORN	to before me this 3 (day of AN UA	111 2018	
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	MICH	PUBLIC -STATE OF UTAH NOTARY PU	BLIC, Residing in	-
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[SE	[AL]	County	10	State

(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.)

Α.	Karen Hale Deputy Mayor	385-468-7035	
	Covered Person Position, or County Division for which you are employed or volunteering	g County/Volunteer's Phone	
	2431 Lynwood Dr, Salt Lake City, UT 84109		
	Covered Person's County Address/Volunteer's Address		
В.	KUED Advisory Board		
	Outside institution, entity, private business or person in which the Covered Person has a personal o is required in the above section	r business interest for which disclosure	
	Board Member		
	Covered person's status, relationship or commitment to the institution, entity, business or person na		
	KUED, Dolores Dore Eccles Broadcast Center, The U of U, 101 S Wasatc	h Dr, 84112 (801)-581-7777	
	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 id	entified in subsection (B) above:	
	I receive or have agreed to receive compensation for assisting a person or business entity in a t	ransaction involving Salt Lake County.	
	I am an officer, director, agent, employee or the owner of a substantial interest in a business e	ntity that is subject to the regulation of	
	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 r	my public duties	
	I hold a personal interest that creates a potential or actual conflict with my public duties.	ny paone daties.	
D.	 Give a detailed description of the actual or potential conflicts of interest identified above, i.e., the nature of the relationship of each busine entity or person with the County. Use more sheets if necessary. (This disclosure statement will not be accepted as valid unless this sector is completed.) 		
	Board Member		
	17		
	Covered Person's Signature		
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	MICHELLE M HICKS	HUr	
	NOTARY PUBLIC, Residing in My Comm. Exp 06/15/2020	()-	
	Commission # 672015	<u> </u>	
SE	EAL] County	State	

(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*.)

Α	Karen Hale Deputy Mayor	385-468-7035
	Covered Person Position, or County Division for which you are employed or volunteering	County/Volunteer's Phone
	2431 Lynwood Dr, Salt Lake City, UT 84109	
	Covered Person's County Address/Volunteer's Address	
В.	Primary Children's Hospital Community Development Board	
υ.	Outside institution, entity, private business or person in which the Covered Person has a personal or bus is required in the above section	iness interest for which disclosure
	Board Member	
	Covered person's status, relationship or commitment to the institution, entity, business or person named	above
	100 N Mario Capecchi Dr., Salt Lake City, UT 84113 (801)662	-1000
	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 identification.	ied in subsection (B) above:
	I receive or have agreed to receive compensation for assisting a person or business entity in a transa	ection 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 p I hold a personal interest that creates a potential or actual conflict with my public duties.	ublic duties.
D.	Give a detailed description of the actual or potential conflicts of interest identified above, i.e., the nature entity or person with the County. Use more sheets if necessary. (<i>This disclosure statement will not be is completed.</i>)	
	Board Member	
	11	
	V ^	
	Covered Person's Signature	Ω.
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	MICHELLE M HICKS	
	NOTARY PUBLIC -STATE OF UTAH NOTARY PUBLIC, RESIDING III	1/1
	My Comm. Exp 06/15/2020 Commission # 672015	<u> </u>
[SI	EAL] County	State

(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.)

A.	Karen Hale Deputy Mayor	385-468-7035
	Covered Person Position, or County Division for which you are employed or volunteering	County/Volunteer's Phone
	2431 Lynwood Dr, Salt Lake City, UT 84109	
	Covered Person's County Address/Volunteer's Address	
В.	Primary Children's Hospital Board of Trustees	
	Outside institution, entity, private business or person in which the Covered Person has a personal or busing required in the above section	ness interest for which disclosure
	Trustee	
	Covered person's status, relationship or commitment to the institution, entity, business or person named	above
	100 N Mario Capecchi Dr., Salt Lake City, UT 84113 (801)662-	1000
	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 identifi	ed in subsection (B) above:
	I receive or have agreed to receive compensation for assisting a person or business entity in a transaction	etion involving Salt Lake County.
	I am an officer, director, agent, employee or the owner of a substantial interest in a business entity Salt Lake County.	that is subject to the regulation of
	l am an officer, director, agent, employee or owner of a substantial interest in a business entity that of with Salt Lake County.	loes or anticipates doing business
	I hold an investment or other financial interest that creates a potential or actual conflict with my pu	blic duties
	I hold a personal interest that creates a potential or actual conflict with my public duties.	one daties.
D.	Give a detailed description of the actual or potential conflicts of interest identified above, i.e., the nature entity or person with the County. Use more sheets if necessary. (<i>This disclosure statement will not be a is completed.</i>)	of the relationship of each business eccepted as valid unless this section
	Trustee	
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	Covered Person's Signature	
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	MICHELLE M HICKS NOTARY PUBLIC - STATE OF UTAH NOTARY PUBLIC - STATE OF UTAH NOTARY PUBLIC - STATE OF UTAH	WY
	My Comm. Exp 06/15/2020	()T
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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.)

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*.)

, Karen	Hale	Deputy Mayor		385-468-7035
Covered Pe	erson	Position, or County Divis	ion for which you are employed or volunteering	County/Volunteer's Phone
2431 L	ynwood	l Dr, Salt Lake Cit	ty, UT 84109	
Covered Pe	erson's Coun	ty Address/Volunteer's Addi	ress	
3. Interm	ountain	Community Care	Foundation	
	titution, enti		n in which the Covered Person has a personal or busing	ness interest for which disclosure
Board	Membe	r		
1.7		1.50	t to the institution, entity, business or person named	above
36 Sou	uth State	St., 23rd Floor S	SLC, UT 84111 (801) 442-2863	
Address an	d phone num	ber of the institution, entity,	business or person named above	
C. Select the	category tha	applies to yourself and the	outside institution, entity, business or person identific	ed in subsection (B) above:
I rece	ive or have a	greed to receive compensation	on for assisting a person or business entity in a transac	ction involving Salt Lake County.
	an officer, di Lake County.		e owner of a substantial interest in a business entity t	that is subject to the regulation of
11.00			vner of a substantial interest in a business entity that d	loes or anticipates doing business
with	Salt Lake Co	unty.		
			that creates a potential or actual conflict with my pull al or actual conflict with my public duties.	blic duties.
	erson with th		conflicts of interest identified above, i.e., the nature of if necessary. (This disclosure statement will not be as	
Board	Member			
			Vivi	
			Covered Person's Signature	
		21	O41112	,
JUBSCRIBED	and SWOR	N to before me this	_day of	_
			YKILAL	V
(Contraction of the contraction	MICH	HELLE M HICKS	NOTARY PUBLIC Residing in	/
	My Co	PUBLIC -STATE OF UTAH mm. Exp 06/15/2020	DAMS	()T
SEAL	Con	nmission # 672015	County	State

(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. Anne Dayton Continuum of Care Management Analyst, Mayor's Admin 8-7142
Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone 2001 South State Street, Suite N4-930 Covered Person's County Address/Volunteer's Address B. Salt Lake City Arts Council Outside institution, entity, private business or person in which the Covered Person has a personal or business interest for which disclosure is required in the above section Board Member Covered person's status, relationship or commitment to the institution, entity, business or person named above 54 Finch Lane (1340 East 100 South), Salt Lake City, UT Address and phone number of the institution, entity, business or person named above C. Select the category that applies to yourself and the outside institution, entity, business or person identified in subsection (B) above: I receive or have agreed to receive compensation for assisting a person or business entity in a transaction involving Salt Lake County, I am an officer, director, agent, employee or the owner of a substantial interest in a business entity that is subject to the regulation of Salt Lake County. I am an officer, director, agent, employee or owner of a substantial interest in a business entity that does or anticipates doing business with Salt Lake County. I hold an investment or other financial interest that creates a potential or actual conflict with my public duties. I hold a personal interest that creates a potential or actual conflict with my public duties. D. Give a detailed description of the actual or potential conflicts of interest identified above, i.e., the nature of the relationship of each business entity or person with the County. Use more sheets if necessary. (This disclosure statement will not be accepted as valid unless this section is completed.) The Salt Lake City Arts Council receives County ZAP funding. SUBSCRIBED and SWORN to before me this day of_ MICHELLE M HICKS NOTARY PUBLIC. Residing in NOTARY PUBLIC -STATE OF UTAH My Comm. Exp 06/15/2020 Commission # 672015 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:

- 1. 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;
- Use or attempt to use the covered person's official position to secure special privileges for the covered person or for others; or
- 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:
- C. 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:
- D. 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.

Revised 10/17

(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.	Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone
В.	Covered Person's County Address/Volunteer's Address Outside institution, entity, private business or person in which the Covered Person has a personal or business interest for which disclosure is required in the above section
	Covered person's status, relationship or commitment to the institution, entity, business or person named above
	Address and phone number of the institution, entity, business or person named above
C.	
C.	Select the category that applies to yourself and the outside institution, entity, business or person identified in subsection (B) above:
	I receive or have agreed to receive compensation for assisting a person or business entity in a transaction involving Salt Lake County.
	I am an officer, director, agent, employee or the owner of a substantial interest in a business entity that is subject to the regulation of Salt Lake County. I am an officer, director, agent, employee or owner of a substantial interest in a business entity that does or anticipates doing business with Salt Lake County. I hold an investment or other financial interest that creates a potential or actual conflict with my public duties. I hold a personal interest that creates a potential or actual conflict with my public duties.
D.	Give a detailed description of the actual or potential conflicts of interest identified above, i.e., the nature of the relationship of each business entity or person with the County. Use more sheets if necessary. (This disclosure statement will not be accepted as valid unless this section is completed.) Selve as a local member 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.)
	which accepts Country Funding a partners with the
	Canty on projects, including potential real estate
	eagistion, property development + project uningt.
	Covered Person's Signature
SU	BSCRIBED and SWORN to before me this day of day of , 20 .
re:	MICHELLE M HICKS NOTARY PUBLIC, Residing in My Comm. Exp 06/15/2020 Commission # 672015 NOTARY PUBLIC, Residing in 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:

- 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.

Revised 10/17

(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.)

	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, deer 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 County/Volunteer's Phone
	2001 South State Street, SLC, Utzh 84114 N2-100
	Covered Person's County Address/Volunteer's Address
B.	Outside institution, entity, private business or person in which the Covered Person has a personal or business interest for which disclosure is required in the above section
	Director - Member of the Board
	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.	
	I receive or have agreed to receive compensation for assisting a person or business entity in a transaction involving Salt Lake County.
	I am an officer, director, agent, employee or the owner of a substantial interest in a business entity that is subject to the regulation of Salt Lake County. I am an officer, director, agent, employee or owner of a substantial interest in a business entity that does or anticipates doing business with Salt Lake County. I hold an investment or other financial interest that creates a potential or actual conflict with my public duties. I hold a personal interest that creates a potential or actual conflict with my public duties.
D.	Give a detailed description of the actual or potential conflicts of interest identified above, i.e., the nature of the relationship of each business entity or person with the County. Use more sheets if necessary. (This disclosure statement will not be accepted as valid unless this section is completed.) No earn fleet. Thus is a family allowated 501-C3 non-frost of ani 2 thin that per forms humanitarian service work in Sout Lake City is Phillillings and Thailand. I rective ho
	compensation. The Organization oferates under a SCC
	business license and under State of Utan non- Profit
	licensing. I am a Board Director with MY family
	membles.
	Covered Person's Signature
SU	UBSCRIBED and SWORN to before me this day of ,20 8.
[S	MICHELLE M HICKS NOTARY PUBLIC -STATE OF UTAH My Comm. Exp 06/15/2020 Commission # 672015 NOTARY PUBLIC, Residing in State

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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.)

A.	Emma E. Houston Mayor's Office	385-468-7014
	Covered Person Position, or County Division for which you are employed or volunteering	County/Volunteer's Phone
	908 East Elgin Avenue Salt Lake City, Utah 84106	
	Covered Person's County Address/Volunteer's Address	
B.	Alpha Kappa Alpha Sorority, Incorporated - Upsilon Beta Omega Chapter	
	Outside institution, entity, private business or person in which the Covered Person has a personal or business required in the above section	ess interest for which disclosure
	Chapter President	
	Covered person's status, relationship or commitment to the institution, entity, business or person named al	bove
	P.O. Box 271041 Salt Lake City, Utah 84127 801-557-0867	
	Address and phone number of the institution, entity, business or person named above	
C	Salast the actoromy that applies to usuanal and the autoidal institution and the hardware identification and the first transfer of the salast and the salast	1 : 1 1 :- (D) -1
C.	Select the category that applies to yourself and the outside institution, entity, business or person identified	a in subsection (B) above:
	I receive or have agreed to receive compensation for assisting a person or business entity in a transact	ion involving Salt Lake County.
	I am an officer, director, agent, employee or the owner of a substantial interest in a business entity th	at 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 do	oes 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 pub. I hold a personal interest that creates a potential or actual conflict with my public duties.	lic duties.
D.	Give a detailed description of the actual or potential conflicts of interest identified above, i.e., the nature of entity or person with the County. Use more sheets if necessary. (This disclosure statement will not be accurately actually to the county of	
	is completed.)	
	Act reasonably and in good faith. Consider the best interest of the organization and its members. Place the first. Act within the scope of the law. Follow the rules and regulations that apply to the organization.	he interest of the organization
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	Enancia Set	
	CMML GHOU	UPP-
	Covered Person's Signature	
SU	BSCRIBED and SWORN to before me this	
	of a Light	
	MICHELLE M HICKS NOTARY PUBLIC, Residing in	
	NOTARY PUBLIC - STATE OF UTAH My Comm. Exp 06/15/2020	11
[SE	Commission # 672015	State

MICHELLE M HICKS
NOTARY PUBLIC -STATE OF UTAN
MY Comm. Exp 06/15/2020
Commission 6 67/2015



(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.)

A.	Emma E. Houston	Mayor's Office		385-468-7014
	Covered Person		ivision for which you are employed or volunteering	County/Volunteer's Phone
	908 East Elgin Avenue	e Salt Lake City, U	Utah 84106	
	Covered Person's Count	y Address/Volunteer's A	Address	
В.	Brighter Day Production	ons, LLC		
	Outside institution, entity is required in the above s		rson in which the Covered Person has a personal or busing	ness interest for which disclosure
	Owner & CEO			
	Covered person's status,	relationship or committ	ment to the institution, entity, business or person named	above
	P.O. Box 521206	Salt Lake City, Uta		
	Address and phone numb	per of the institution, en	tity, business or person named above	
C.	Select the category that	applies to yourself and	the outside institution, entity, business or person identifi	ied in subsection (B) above:
	I receive or have ag	greed to receive compen-	sation for assisting a person or business entity in a transa	ction involving Salt Lake County.
	Salt Lake County.		or the owner of a substantial interest in a business entity	
	I am an officer, dire with Salt Lake Cou		or owner of a substantial interest in a business entity that	does or anticipates doing business
	I hold an investmen	nt or other financial inte	erest that creates a potential or actual conflict with my pu	ıblic duties.
	l hold a personal in	iterest that creates a pot	ential or actual conflict with my public duties.	
D.	entity or person with the	ion of the actual or poter e County. Use more she	ntial conflicts of interest identified above, i.e., the nature eets if necessary. (This disclosure statement will not be a	of the relationship of each business accepted as valid unless this section
	is completed.) Responsible for the created communication strategy	ative, technical, and log v. audio-visual producti	istical elements. This includes overall event design, brai on, script writing, logistics, budgeting, negotiation, and	nd building, marketing and client service
	2	general transfer and transfer of grant and transfer of the second		
			0 0 1	
			Emma & H	rusta
ÇI.	BSCRIBED and SWORN	ol to before me this	day of January . 2018	i L
30	BSCRIBED and SWOR	v to before the this	GE GEO OF THE SECOND SE	
	MICHE	LE M HICKS	What	
	NOTARY PUB	LIC -STATE OF UTAH LEXP 06/15/2020	NOTARY PUBLIC, Residing in	
	Commis	ssion # 672015	DAVIS	
[S]	EAL]		County	State

MICHELLE M HICKS
MOTARYPUBLIC -STATE OF DYAM
BY Comm. Exp 06/15/2020
Commission # 672015



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

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

A.	Emma E. Houston May	or's Office	385-468-7014				
	Covered Person Position, o	r County Division for which you are employed or volunteering	County/Volunteer's Phone				
	908 East Elgin Avenue Salt I	_ake City, Utah 84106					
	Covered Person's County Address/Ve		9				
D	The HistoryMakers						
Б.		siness or person in which the Covered Person has a personal or bu	siness interest for which disclosure				
	is required in the above section						
	Board Member						
	Covered person's status, relationship	or commitment to the institution, entity, business or person name	l above				
	1900 S. Michigan Avenue	Chicago, Illinois 60616 312-674-1900					
	Address and phone number of the ins	titution, entity, business or person named above					
C.	Select the category that applies to yo	ourself and the outside institution, entity, business or person identi	fied in subsection (B) above:				
	I receive or have agreed to recei	we compensation for assisting a person or business entity in a trans-	action involving Salt Lake County.				
	I am an officer, director, agent, Salt Lake County.	employee or the owner of a substantial interest in a business entity	that is subject to the regulation of				
	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.	nancial interest that creates a potential or actual conflict with my p	ublic duties				
	I hold a personal interest that cr	eates a potential or actual conflict with my public duties.	done duties.				
D.	Give a detailed description of the actu	ual or potential conflicts of interest identified above, i.e., the nature	e of the relationship of each business				
	entity or person with the County. Us	se more sheets if necessary. (This disclosure statement will not be	accepted as valid unless this section				
	is completed.) Act reasonably and in good faith. Co	onsider the best interest of the organization and its members. Place	e the interest of the organization				
		Follow the rules and regulations that apply to the organization.	v				
		0 - 1					
		Enma Sette					
	Chma CHOULE						
		Covered Person's Signature					
SU	BSCRIBED and SWORN to before me	e thisday of	2)				
		1 Mihan					
	MICHELLE M HI	NOTARY PUBLIC, Residing in					
	NOTARY PUBLIC -STATE My Comm. Exp 06/15	OF UIAH	UT				
[SE	Commission # 6720		State				
[County	State				

MICHELLE M HICKS
NOTARY FUBLIC -STATE OF DTAN
My Comm. Eup 06/16/2020
Commication # 672016

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

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

A.	Emma E. Houston	Mayor's Office		385-468-7014
	Covered Person	Position, or County Di	vision for which you are employed or volun	teering County/Volunteer's Phone
	908 East Elgin Avenue			
	Covered Person's County	Address/Volunteer's A	ddress	
В.	Huntsman Cancer Instit			
	Outside institution, entity is required in the above s	, private business or per ection	son in which the Covered Person has a person	onal or business interest for which disclosure
	Advocate Spokesperso			
	Covered person's status,	relationship or commitn	ent to the institution, entity, business or per	son named above
	2000 Circle of Hope	Salt Lake City,		
	Address and phone numb	er of the institution, ent	ty, business or person named above	
C.	Select the category that	applies to yourself and t	he outside institution, entity, business or per	son identified in subsection (B) above:
				in a transaction involving Salt Lake County.
	Salt Lake County.			ness entity that is subject to the regulation of
	I am an officer, dire with Salt Lake Cou	ctor, agent, employee or	owner of a substantial interest in a business	entity that does or anticipates doing business
	I hold an investmen	t or other financial inter	est that creates a potential or actual conflict ntial or actual conflict with my public duties	with my public duties.
D.				
D.	entity or person with the is completed.)	County. Use more sheet	ts if necessary. (This disclosure statement w	the nature of the relationship of each business ill not be accepted as valid unless this section
		spokesperson for Hunts	nan Cancer Foundation	
			C	11 /)
			CMMa O	Howel
			Covered Person's Signature	
111	BSCRIBED and SWORN	to before me this	day of ANUINU	. 20 18.
	sociable and 5 words	to belove the this	- Jona 19	, 20 <u>, 4</u> .
			Who	l y
	MICHEL	LE M HICKS	NOTARY PUBLIC, Residi	ng in
	NOTARY PUB	LIC -STATE OF UTAH Exp 06/15/2020	DAVIS	VT
SE	Commis	sion # 672015	County	State

(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.)

A.	Emma E. Houston	Mayor's Offi	ce	385-468-7014
	Covered Person	Position, or County	Division for which you are employed or volunteering	County/Volunteer's Phone
	908 East Elgin Avenue	e Salt Lake Cit	y, Utah 84106	
	Covered Person's Count			
R	Utah Martin Luther Ki	ng Commission		
Ъ.			person in which the Covered Person has a personal or bu	siness interest for which disclosure
	is required in the above s	section		
	Board Member			
	Covered person's status,	relationship or comn	nitment to the institution, entity, business or person name	dabove
	Salt Lake Ci	ty, Utah 84111		
	Address and phone num	ber of the institution,	entity, business or person named above	
C.	Select the category that	applies to yourself a	nd the outside institution, entity, business or person identi	fied in subsection (B) above:
	I receive or have ag	greed to receive comp	ensation for assisting a person or business entity in a trans-	action involving Salt Lake County.
	I am an officer, dir Salt Lake County.	ector, agent, employe	ee or the owner of a substantial interest in a business entity	that is subject to the regulation of
			e or owner of a substantial interest in a business entity that	does or anticipates doing business
	with Salt Lake Cou	A Property of the second secon	nterest that creates a potential or actual conflict with my p	ublic duties
			otential or actual conflict with my public duties.	done daties.
D.			tential conflicts of interest identified above, i.e., the nature sheets if necessary. (This disclosure statement will not be	
	Act reasonably and in g		he best interest of the organization and its members. Plac the rules and regulations that apply to the organization.	e the interest of the organization
			6 61	
			China CHO	ust
			Covered Person's Signature	
SU	BSCRIBED and SWORN	N to before me this	day of Muary, 20 19	\$
			Julius J	.
			Istach	P
Ñ			NOTARY PUBLIC, Residing in	
	MICHEL NOTARY PUR	LE M HICKS	DAVIS	I)T
[S]	My Comm.	Exp 06/15/2020 ssion # 672015	County	State

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

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

A.	Emma E. Houston	Mayor's Office		385-468-7014
	Covered Person		on for which you are employed or volunteering	County/Volunteer's Phone
	908 East Elgin Avenue			
	Covered Person's County	Address/Volunteer's Addr	ess	
В.	Anne Stirba Cancer For	undation		
	Outside institution, entity is required in the above s		in which the Covered Person has a personal or busi	ness interest for which disclosure
	Advocate Spokesperso			
	Covered person's status,	relationship or commitment	to the institution, entity, business or person named	above
	215 South State Street		ity, Utah 84111 801-364-8300	
	Address and phone numb	er of the institution, entity,	business or person named above	
C.	Select the category that	applies to yourself and the o	outside institution, entity, business or person identification	ed in subsection (B) above:
	I receive or have ag	reed to receive compensation	on for assisting a person or business entity in a transaction	ction involving Salt Lake County.
	I am an officer, dire Salt Lake County.	ector, agent, employee or the	e owner of a substantial interest in a business entity	that is subject to the regulation of
	I am an officer, dire	ector, agent, employee or ow	oner of a substantial interest in a business entity that of	loes or anticipates doing business
	with Salt Lake Cou		that creates a potential or actual conflict with my pu	blic duties
			that creates a potential of actual conflict with my public duties.	one duties.
D.	entity or person with the	on of the actual or potential County. Use more sheets	conflicts of interest identified above, i.e., the nature if necessary. (This disclosure statement will not be a	of the relationship of each business ccepted as valid unless this section
	is completed.) Volunteer advocate and	spokesperson for Judges R	un for Anne Stirba Cancer Foundation and Night of	from Cancer Celebration.
			En Sett	/)
				ush
		_	Covered Person's Signature	
SU	JBSCRIBED and SWORN	I to before me this	day of January, 2018	•
		o the succession of the succes		
	MICH	HELLE M HICKS	<u>UANOY</u>	
	NOTARY	PUBLIC -STATE OF UTAH	NOTARY PUBLIC, Residing in	. \
	Con	mm. Exp 06/15/2020 nmission # 672015	DAVIS	UT
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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.)

A.	Emma E. Houston	Mayor's Office	е		385-468-7014
		sition, or County	Division for wh	nich you are employed or volunteering	County/Volunteer's Phone
	908 East Elgin Avenue	Salt Lake City,			
	Covered Person's County Ac	ldress/Volunteer's	Address		
B.	Pastor France A. Davis Sch	olarship Foundation	on		
	Outside institution, entity, pr is required in the above section		erson in which	the Covered Person has a personal or bus	iness interest for which disclosure
	Development Director				
	Covered person's status, rela	tionship or commi	tment to the ins	stitution, entity, business or person named	above
	1090 South State Street		City, Utah 8412		
	Address and phone number of	of the institution, e	ntity, business	or person named above	
C.	Select the category that app	lies to yourself and	d the outside in	stitution, entity, business or person identif	ied in subsection (B) above:
	I receive or have agreed	I to receive compe	nsation for assi	sting a person or business entity in a transa	ction involving Salt Lake County.
	I am an officer, directo Salt Lake County.	r, agent, employee	or the owner o	f a substantial interest in a business entity	that is subject to the regulation of
			or owner of a s	ubstantial interest in a business entity that	does or anticipates doing business
	with Salt Lake County. I hold an investment or		terest that creat	es a potential or actual conflict with my pu	ublic duties.
				l conflict with my public duties.	
D.				of interest identified above, i.e., the nature ry. (This disclosure statement will not be d	
	Act reasonably and in good			of the organization and its members. Place gulations that apply to the organization.	the interest of the organization
					\bigcap
				Emma Edward	
				CHINA OHOUS	th_
			d	Covered Person's Signature	
SU	BSCRIBED and SWORN to	before me this	day of	January, 2018)
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	MICHELLE	MHICKS		NOTARY PUBLIC, Residing in	117
	NOTARY PUBLIC My Comm. Ex	06/15/2020		DANIS	V
[SI	Commission	1 # 672015		County	State

(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.)

A.	Ze Min Xiao Director, Mayor's Office for New Americans 3854684861 Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone						
	2001 South State Street, N1-100, Salt Lake City, Utah 84118						
	Covered Person's County Address/Volunteer's Address						
В.	Utah Asian Chamber of Commerce						
υ.	Outside institution, entity, private business or person in which the Covered Person has a personal or business interest for which disclosure is required in the above section						
	Member of the Board						
	Covered person's status, relationship or commitment to the institution, entity, business or person named above						
	PO Box 3178, Salt Lake City, Utah 84110						
	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						
I am a founding member of this organization and current seats in the Board.							
current seats in the Board.							
	Covered Person's Signature						
SU	BSCRIBED and SWORN to before me this						
	00000						
	MICHELLE M HICKS NOTARY PUBLIC -STATE OF UTAH NOTARY PUBLIC, Residing in						
	My Comm. Exp 06/15/2020 Commission # 672015						
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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.)

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.	Ze Min Xiao Covered Person	Director, Mayor's Office for New Position, or County Division for New Position of County Division for New Position of County Division for New Position of New	w Americans which you are employed or volunteering	3854684861 County/Volunteer's Phone			
		N1-100, Salt Lake City, Utah 84118		County/ volumeer 31 none			
		y Address/Volunteer's Address					
	Hab Asian Charitable I						
В.		- UNIVERSITY OF THE PROPERTY O	ch the Covered Person has a personal or busi	noon interest for which disclosure			
	is required in the above so		en the Covered Person has a personal or bush	ness interest for which disclosure			
	Member of the Board						
	Covered person's status,	relationship or commitment to the	institution, entity, business or person named	above			
	PO Box 3178, Salt Lake	e City, Utah 84110					
	Address and phone numb	per of the institution, entity, busines	s or person named above				
C.	Select the category that	applies to yourself and the outside	institution, entity, business or person identific	ed in subsection (B) above:			
	I receive or have ag	sisting a person or business entity in a transac	ction 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.	ector agant amplayas ar awar of a	substantial interest in a husiness antity that	loos or anticipatos doing hysinoss			
	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	of the relationship of each business eccepted as valid unless this section					
I am a founding member of this organization and current somes as a member of the Executive Committee.							
CAMITALLE.							
		31	Covered Person's Signature				
SU	BSCRIBED and SWORN	to before me thisday of	Junuary , 20 18	7			
	_		0 10, 60	-			
	My C	CHELLE M HICKS Y PUBLIC -STATE OF UTAH COMM. Exp 06/15/2020	NOTARY PUBLIC, Residing in	115			
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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.)

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.	Ze Min Xiao Covered Person	Director, Mayor's Office for New	v Americans which you are employed or volunteering	3854684861 County/Volunteer's Phone		
		et, N1-100, Salt Lake City, Utah 84118	•	County/ volunteer s r none		
		inty Address/Volunteer's Address	9			
		mty Address/ volunteer's Address				
В.	Zions Bank	tity private huciness or person in whi	ch the Covered Person has a personal or bus	inace interact for which disclosure		
	is required in the abov		the Covered Ferson has a personal of bus	mess interest for which disclosure		
	Community Advisor	y Board				
	Covered person's statu	Covered person's status, relationship or commitment to the institution, entity, business or person named above				
	1 Main Street, Salt Lake City, Utah 84133					
	Address and phone number of the institution, entity, business or person named above					
C.	Select the category th	ied in subsection (B) above:				
	I receive or have	I receive or have agreed to receive compensation for assisting a person or business entity in a transaction involving Salt Lake County.				
			of a substantial interest in a business entity	that is subject to the regulation of		
	Salt Lake Count		substantial interest in a business entity that	does or anticipates doing business		
	with Salt Lake C	County.				
		nent or other financial interest that cre interest that creates a potential or acti	ates a potential or actual conflict with my pu all conflict with my public duties.	ıblic duties.		
D.	entity or person with	the County. Use more sheets if necess	s of interest identified above, i.e., the nature sary. (This disclosure statement will not be a	accepted as valid unless this section		
	Ia	m a member g	the advisory com	nittee		
			to all ,			
		ΩÒ	Covered Person's Signature			
SU	BSCRIBED and SWO	RN to before me thisday of	, 20	,		
			1 ad h	110		
	NOT NOT	MICHELLE M HICKS ARY PUBLIC -STATE OF UTAH	NOTARY PUBLIC, Residing in	A)		
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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.)

A.	Ze Min Xiao	Director, Mayor's Office for Ne	w Americans	3854684861
	Covered Person		which you are employed or volunteering	County/Volunteer's Phone
	2001 South State Stre	et, N1-100, Salt Lake City, Utah 8411	8	
	Covered Person's Co	unty Address/Volunteer's Address		
В.				
	Outside institution, er is required in the above		ch the Covered Person has a personal or bus	iness interest for which disclosure
	Commissioner, Gov	ernor's multicultural commission		
	Covered person's stat	us, relationship or commitment to the	institution, entity, business or person named	above
	350 UT-186, Salt La	ke City, Utah 84114		
	Address and phone no	umber of the institution, entity, busines	ss or person named above	
C.	Select the category t	hat applies to yourself and the outside	institution, entity, business or person identif	ied in subsection (B) above:
	I receive or have	e agreed to receive compensation for as	ssisting a person or business entity in a transa	ction involving Salt Lake County.
	Salt Lake Coun	ty.	r of a substantial interest in a business entity	
	I am an officer, with Salt Lake (a substantial interest in a business entity that	does or anticipates doing business
	I hold an invest		rates a potential or actual conflict with my pu ual conflict with my public duties.	ıblic duties.
D.			ts of interest identified above, i.e., the nature sary. (This disclosure statement will not be a	
	I	am a member of	the Commission	-
			MATTE	
		- 0	Covered Person's Signature	
SU	JBSCRIBED and SWO	ORN to before me thisday of	MMans .20 8	
	(CORN)	MICHELLENA	WARON	
	1 1 M 1 CH 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	MICHELLE M HICKS TARY PUBLIC -STATE OF UTAH	NOTARY UBLIC, Residing in	. 1
		My Comm. Exp 06/15/2020 Commission # 672015	UTVIS	WT_
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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.)

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.	A. Ze Min Xiao Director, Mayor's Office for New Ameri	cans	3854684861
	Covered Person Position, or County Division for which yo		County/Volunteer's Phone
	2001 South State Street, N1-100, Salt Lake City, Utah 84118		
	Covered Person's County Address/Volunteer's Address		
В.	B. State of Utah		
	Outside institution, entity, private business or person in which the Co is required in the above section	overed Person has a personal or busi	iness interest for which disclosure
	Member, State of Utah Refugee Advisory Committee		
	Covered person's status, relationship or commitment to the institution	n, entity, business or person named	above
	350 UT-186, Salt Lake City, Utah 84114		
	Address and phone number of the institution, entity, business or pers	on named above	
C.	C. Select the category that applies to yourself and the outside institution	on, entity, business or person identify	ied in subsection (B) above:
	I receive or have agreed to receive compensation for assisting a	person or business entity in a transaction	ction involving Salt Lake County.
	I am an officer, director, agent, employee or the owner of a sub- Salt Lake County.	*	
	I am an officer, director, agent, employee or owner of a substan with Salt Lake County.	tial interest in a business entity that	does or anticipates doing business
	I hold an investment or other financial interest that creates a poly I hold a personal interest that creates a potential or actual confl	77.5	ablic duties.
D.	D. Give a detailed description of the actual or potential conflicts of inte entity or person with the County. Use more sheets if necessary. (This completed.)		
	I am a member	of the board	
		BAIME	
	\overline{c}	overed Person's Signature	
	\mathcal{A}	The state of the s	
SU	SUBSCRIBED and SWORN to before me thisday of	<u> , 201)</u>	•
	V	11 (thous	
	MICHELLE M HICKS	OTARY PUBLIC, Residing in	P
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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.)

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.	Ze Min Xiao Director, Mayor's Offic		3854684861
		sion for which you are employed or volunteering	County/Volunteer's Phone
	2001 South State Street, N1-100, Salt Lake City, Ut		
	Covered Person's County Address/Volunteer's Add	dress	
В.	Children's Center		
	Outside institution, entity, private business or perso is required in the above section	on in which the Covered Person has a personal or busi	ness interest for which disclosure
	Member of the Board		
	Covered person's status, relationship or commitmen	nt to the institution, entity, business or person named	above
	350 South 400 East, Salt Lake City, Utah 84101		
	Address and phone number of the institution, entity	, business or person named above	
C.	Select the category that applies to yourself and the	outside institution, entity, business or person identifi	ed in subsection (B) above:
	I receive or have agreed to receive compensati	ion for assisting a person or business entity in a transac	ction involving Salt Lake County.
	I am an officer, director, agent, employee or to Salt Lake County.	he owner of a substantial interest in a business entity	that is subject to the regulation of
	Tam an officer, director, agent, employee or o	wner of a substantial interest in a business entity that of	loes or anticipates doing business
	with Salt Lake County.	t that are too a material or natural are flict with man	Llia dutica
	I hold a personal interest that creates a potenti	t that creates a potential or actual conflict with my pu ial or actual conflict with my public duties.	blic duties.
D.		Il conflicts of interest identified above, i.e., the nature is if necessary. (This disclosure statement will not be a	
	I am	a member of the b	oad.
		1 1.	
		My	
		Covered Person's Signature	
SU	IBSCRIBED and SWORN to before me this	day of AMUMA, 2018.	
		10-14	
	MICHELLE M HICKS	When	/
	NOTARY PUBLIC -STATE OF UTAH My Comm. Exp 06/15/2020	NOTARY PUBLIC, Residing in	Δ.
	Commission # 672015	DIVIS	()T
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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.)

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.	A. Ze Min Xiao Director, Mayor's Office for New Ame		3854684861
	Covered Person Position, or County Division for which y	ou are employed or volunteering	County/Volunteer's Phone
	2001 South State Street, N1-100, Salt Lake City, Utah 84118		
	Covered Person's County Address/Volunteer's Address		
B.	B. Salt Lake Community College		
	Outside institution, entity, private business or person in which the 0 is required in the above section	Covered Person has a personal or business	interest for which disclosure
	Instructor		
	Covered person's status, relationship or commitment to the institution	on, entity, business or person named abov	re
	4600 South Redwood Road, SLC, Utah 84123		
	Address and phone number of the institution, entity, business or pe	son named above	
C.	_/		
	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 su Salt Lake County.	bstantial interest in a business entity that i	is subject to the regulation of
	I am an officer, director, agent, employee or owner of a substa	ntial 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 p	otential or actual conflict with my public	duties.
	I hold a personal interest that creates a potential or actual con		
D.	D. Give a detailed description of the actual or potential conflicts of int entity or person with the County. Use more sheets if necessary. (is completed.)	This disclosure statement will not be accep	ted as valid unless this section
	I am a adjust in	istructor and tea	ches
	01 0/185 600 51 (1	6	
	The Chis of the Second	- •	
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	ī	Covered Person's Signature	
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SU	SUBSCRIBED and SWORN to before me thisday of	MMany 20 1)	
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	MICHELLE M HICKS NOTARY PUBLIC -STATE OF UTAH	OTARY PUBLIC, Residing in	/V]
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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.)

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.	Ze Min Xiao Director, Mayor's Office for New Americans 3854684861
	Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone
	2001 South State Street, N1-100, Salt Lake City, Utah 84118
	Covered Person's County Address/Volunteer's Address
В.	Chinese Railroad Workers Descendants Association
	Outside institution, entity, private business or person in which the Covered Person has a personal or business interest for which disclosure is required in the above section
	Board member
	Covered person's status, relationship or commitment to the institution, entity, business or person named above
	2061 East Rainbow Point Drive, Holladay, Utah 84124 Address and phone number of the institution, entity, business or person named above
	Address and phone number of the institution, entity, business of 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. 1 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 member of the board.
	naller
	Covered Person's Signature
SU	BSCRIBED and SWORN to before me this
	U U U U U U U U U U U U U U U U U U U
	MICHELLE M HICKS NOTARY PUBLIC -STATE OF UTAH My Comm Eyn 06/15/2000 NOTARY PUBLIC, Residing in
	My Comm. Exp 06/15/2020 Commission # 672015 NOTARY PUBLIC, Residing in
SE	County State

(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> .)
۸.	Anna VUKN-MON Community Polations Specialist / Salt Lake County 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
	Sat Lake County Mayor's Office / 2001 South State St, N2-100 / Sat Lake City, UT 54114 Covered Person's County Address/Volunteer's Address
В.	St. Catherne of Grena Newman Center Outside institution, entity, private business or person in which the Covered Person has a personal or business interest for which disclosure
	is required in the above section
	Covered person's status, relationship or commitment to the institution, entity, business or person named above
	170 University St.E / Salt Lake City, UT 84102 Phane: (801) 359-6066 Address and phone number of 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.)
	through the church.
	the state of the s
	THYOUGHT THE ONIOGOTT
	Covered Person's Signature
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	NOTARY PUBLIC - STATE OF UTAH My Comm. Exp 06/15/2020 Commission # 672015 NOTARY PUBLIC, Residing in
[S	SEAL]



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;
- B. 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.

(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. Justin Stewart County/Volunteer's Phone Position, or County Division for which you are employed or volunteering Covered Person Salt Lake County Government Center 2001 South State Street, Ste N2-100, Salt Lake City, Utah 84114 Covered Person's County Address/Volunteer's Address B. Merck Pharmaceuticals 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 Contract Lobbyist Covered person's status, relationship or commitment to the institution, entity, business or person named above 2000 Galloping Hill Road, Kenilworth, NJ 07033 908-740-4000 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. D. Give a detailed description of the actual or potential conflicts of interest identified above, i.e., the nature of the relationship of each business entity or person with the County. Use more sheets if necessary. (This disclosure statement will not be accepted as valid unless this section is completed.) I know of no direct conflicts with Salt Lake County. I will be representing the interests of Merck before the Utah State Legislature. SUBSCRIBED and SWORN to before me this MICHELLE M HICKS NOTARY PUBLIC -STATE OF UTAH NOTARY PUBLIC, Residing in My Comm. Exp 06/15/2020 Commission # 672015 [SEAL]

(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*.)

Δ	Ben McAdams May	or		385-468-7025
**		n, or County Division for which	you are employed or volunteering	County/Volunteer's Phone
	2205 S. 1000 E., Salt Lake Ci	y, Utah, 84106		
	Covered Person's County Address	s/Volunteer's Address		
3.	Please see attached list.			
	Outside institution, entity, private is required in the above section	business or person in which the	Covered Person has a personal or busi	ness interest for which disclosure
		of the groups listed on the page		
	Covered person's status, relations	hip or commitment to the institu	tion, entity, business or person named	above
	Please see attached list.			
	Address and phone number of the	institution, entity, business or pe	erson named above	
C.	Select the category that applies	o yourself and the outside institu	tion, entity, business or person identifi	ed in subsection (B) above:
	I receive or have agreed to	eceive compensation for assisting	g a person or business entity in a transac	ction involving Salt Lake County.
	Salt Lake County.		substantial interest in a business entity	
	I am an officer, director, ag with Salt Lake County.	ent, employee or owner of a subst	tantial interest in a business entity that of	does or anticipates doing business
	I hold an investment or oth	er financial interest that creates a at creates a potential or actual co	potential or actual conflict with my punflict with my public duties.	ablic duties.
D.	Give a detailed description of the entity or person with the Count is completed.)	e actual or potential conflicts of in . Use more sheets if necessary.	nterest identified above, i.e., the nature (This disclosure statement will not be a	of the relationship of each business accepted as valid unless this section
	I serve on the boards of the atta	ched list.		
			Ann	
			Covered Person's Signature	
		\mathcal{M}_0	2018	/
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Downtown Alliance

801-359-5118 175 400S. #600 Salt Lake City, Utah

Envision Utah Board of Directors

801-303-1450 254 S. 600 E., Suite 201 Salt Lake City, Utah 84102

Inland Port Exploratory Committee

801-532-8080 60 South Temple, Suite 300 Salt Lake City, Utah 84111

Kem C Gardner Policy Institute Advisory Board

801-581-7676 1655 East Campus Center Drive Salt Lake City, Utah 84112

Point of the Mountain Commission

Salt Lake Chamber Board of Governors

801-364-3631 175 E. University Blvd. Salt Lake City, Utah 84111

Shelter the Homeless

Salt Lake City, Utah

Sorenson Policy Innovation Lab

801-581-6191 1655 E. Campus Dr. Salt Lake City, Utah 84112

State Homelessness Coordination Council

United Way

801-736-8929 257 E. 200 S., Suite 300 Salt Lake City, Utah 84111

Utah Advisory Board Sundance

435-658-3456 1825 Three Kings Dr. Park City, Utah 84060

Utah Association of Counties

801-265-1331 5397 S. Vine Street Murray, Utah 84107

Utah Technology Council

801-568-3500 2755 E. Cottonwood Pkwy, #500 Salt Lake City, Utah 84121

Utah Sports Commission

801-328-2372 201 Main Street, Suite 2125 Salt Lake City, Utah 84111

Wasatch Front Regional Council

801-363-4250 295 Jimmy Dolittle Road Salt Lake City, Utah 84116

Women's Leadership Institute

801-364-3631 175 E. 400 S. #600 Salt Lake City

World Trade Center Utah

801-532-8080 60 South Temple, Suite 300 Salt Lake City, Utah 84111

(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.)

A	Ben McAdams Mayor	385-468-7025
٠	Covered Person Position, or County Division for which you are employed or volunteering	County/Volunteer's Phone
	2205 S. 1000 E., Salt Lake City, Utah, 84106	
	Covered Person's County Address/Volunteer's Address	
В.	Julie McAdams	
	Outside institution, entity, private business or person in which the Covered Person has a personal or bus is required in the above section	iness interest for which disclosure
	Julie works for University of Utah; is a member of Sugarmont Holdings LLC, Fairmont Holdings LLC	
	Covered person's status, relationship or commitment to the institution, entity, business or person named	above
	2205 S. 1000 E., Salt Lake City, Utah, 84106	
	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 identifi	fied in subsection (B) above:
	I receive or have agreed to receive compensation for assisting a person or business entity in a transaction	
	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 p I hold a personal interest that creates a potential or actual conflict with my public duties.	ublic duties.
D.	Give a detailed description of the actual or potential conflicts of interest identified above, i.e., the nature entity or person with the County. Use more sheets if necessary. (<i>This disclosure statement will not be is completed.</i>)	e of the relationship of each business accepted as valid unless this section
	The properties within the holdings are used for rental purposes.	
	There are no relationship or ties between the holdings and Salt Lake County.	
	The in	\bigvee
	Covered/Person's Signature	
SU	UBSCRIBED and SWORN to before me this	
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	MICHELLE M HICKS NOTARY PUBLIC, Residing in	. 1 -
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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.)

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.	A. Justin Stewart Mayor Administration		
	Covered Person Position, or County Division for which you are e	mployed or volunteering	County/Volunteer's Phone
	Covered Person's County Address/Volunteer's Address		
В.	B. Utah Association of Nurse Anesthetists		
	Outside institution, entity, private business or person in which the Covered is required in the above section	Person has a personal or busine	ess interest for which disclosure
	Legislative Consultant		
	Covered person's status, relationship or commitment to the institution, enti	ty, business or person named ab	ove
	9765 North Meadow Drive		
	Address and phone number of the institution, entity, business or person nar	ned above	
C.			Colores to 2000 (1900 1900 1900 1900 1900 1900 1900
	I receive or have agreed to receive compensation for assisting a person	or business entity in a transacti	on involving Salt Lake County.
	I am an officer, director, agent, employee or the owner of a substantial Salt Lake County.	l interest in a business entity tha	at is subject to the regulation of
	I am an officer, director, agent, employee or owner of a substantial int with Salt Lake County.	erest in a business entity that do	es or anticipates doing business
	I hold an investment or other financial interest that creates a potential I hold a personal interest that creates a potential or actual conflict wit	or actual conflict with my publ	ic duties.
D.	D. Give a detailed description of the actual or potential conflicts of interest ide entity or person with the County. Use more sheets if necessary. (<i>This disc</i>	ntified above, i.e., the nature of	the relationship of each business
	is completed.) I will be representing the interests of the CRNA		
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		7 1	
		fush D	\sim
	Covered	Person's Signature	
SU	SUBSCRIBED and SWORN to before me thisday of	Jany , 20 18	
		1119holm	
	MICHELLE M HICKS NOTARY PUBLIC -STATE OF UTAH NOTARY	/ JUBLIC, Residing in	
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[SE	[SEAL] County		State

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Un un	er the provisions of the County Officers and Employees Disclosure Act, §§ 17-16a-1 et seq., U.C.A., 1953 as amended, I, the undersigned, er 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 County/Volunteer's Phone
	2001 Suth State Street, n 2100
В.	Covered Person's County Address/Volunteer's Address
Б.	Outside institution, entity, private business or person in which the Covered Person has a personal or business interest for which disclosure s required in the above section
	Member of Board of Directors Covered person's status, relationship or commitment to the institution, entity, business or person named above
	3495 West Temple, 54C, Val. 84115 Address and phone number of the institution, entity, business or person named above
C.	Select the category that applies to yourself and the outside institution, entity, business or person identified in subsection (B) above:
	I receive or have agreed to receive compensation for assisting a person or business entity in a transaction involving Salt Lake County.
	I am an officer, director, agent, employee or the owner of a substantial interest in a business entity that is subject to the regulation of Salt Lake County.
	I am an officer, director, agent, employee or owner of a substantial interest in a business entity that does or anticipates doing business with Salt Lake County. I hold an investment or other financial interest that creates a potential or actual conflict with my public duties.
	I hold a personal interest that creates a potential or actual conflict with my public duties.
D.	Give a detailed description of the actual or potential conflicts of interest identified above, i.e., the nature of the relationship of each business entity or person with the County. Use more sheets if necessary. (This disclosure statement will not be accepted as valid unless this section is completed.)
	Columbus is a rapprefit organization that transforms lives of individuals with disabilities through employment, training,
	individuals with disabilities through employment, training,
	day programs, and having since 1968. I serve an the Board of Directors representing Solt lake County Mayor's Office
	board of Vivictors representing Solt lake Canty Mayor's Office
	Jovered Person's Signature
SUE	SCRIBED and SWORN to before me this
	MICHELLE M HICKS NOTARY PUBLIC -STATE OF UTAH My Comm. Exp 06/15/2020 NOTARY PUBLIC. Rending in
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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.)

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 Mlsnga luternship 360 924 1986
Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone 945 ALTON OR - WORTH SALT LAKE 84054
Covered Person's County Address/Volunteer's Address B. <u>North EASTERN SERVICES</u>
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 Les idential manages

Covered person's status, relationship or commitment to the institution, entity, business or person named above 870 E 9400 S # 1/2 SAWDY, UT 84094 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.) Theme the physical, Spiritual and mental well-being of chients.

Abtend to the needs and monitor the behavioral changes he orde to ansist he the formulation of a plan that contributes to the general happiners and well being. Covered Person's Signatur SUBSCRIBED and SWORN to before me this MICHELLE M HICKS NOTARY PUBLIC, Residing in NOTARY PUBLIC -STATE OF UTAH My Comm. Exp 06/15/2020 Commission # 672015 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
- 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;
- B. 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;
- D. 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.

MATIGATORS CONTROL OF Revised 10/17

(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	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 County/Volunteer's Phone		
	Sut Lake (UUNty, 2001 S. State Street ste NZ-100 SLC, UT & Covered Person's County Address/Volunteer's Address		
B.	CALL LAVA COURT COURT COURT		
	Covered person's status, relationship or commitment to the institution, entity, business or person named above (A5S. GUAVAIMAN Way, SLC, UT, 8A108) Address and phone number of the institution, entity, business or/person named above		
C.	Select the category that applies to yourself and the outside institution, entity, business or person identified in subsection (B) above:		
	I receive or have agreed to receive compensation for assisting a person or business entity in a transaction involving Salt Lake County. I am an officer, director, agent, employee or the owner of a substantial interest in a business entity that is subject to the regulation of Salt Lake County. I am an officer, director, agent, employee or owner of a substantial interest in a business entity that does or anticipates doing business with Salt Lake County. I hold an investment or other financial interest that creates a potential or actual conflict with my public duties. I hold a personal interest that creates a potential or actual conflict with my public duties.		
D.	Give a detailed description of the actual or potential conflicts of interest identified above, i.e., the nature of the relationship of each business entity or person with the County. Use more sheets if necessary. (This disclosure statement will not be accepted as valid unless this section is completed.) From Desk Receptorist 9 Learn to Skate Instructor		
	Covered Person's Signature		
SU	JBSCRIBED and SWORN to before me this		
[S]	MICHELLE M HICKS NOTARY PUBLIC -STATE OF UTAH My Comm. Exp 06/15/2020 Commission # 672015 NOTARY PUBLIC Residing in 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
- 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;
- C. 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.

Revised 10/17

(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.)

Α.	Erin Litvack Deputy Mayor / CAO	385-468-7005
Α.	Covered Person Position, or County Division for which you are employed or volunteering	County/Volunteer's Phone
	2001 South State St., N2-100 SLC, UT 84190	
	Covered Person's County Address/Volunteer's Address	
В.	Visit Salt Lake Executive Committee	
Б.	Outside institution, entity, private business or person in which the Covered Person has a personal or bus is required in the above section	iness interest for which disclosure
	Board Member	
	Covered person's status, relationship or commitment to the institution, entity, business or person named	above
	90 South West Temple Salt Lake City, Utah 84101	
	Address and phone number of the institution, entity, business or person named above	
C.	Select the category that applies to yourself and the outside institution, entity, business or person identif	ied in subsection (B) above:
	I receive or have agreed to receive compensation for assisting a person or business entity in a transa	ction involving Salt Lake County.
	I am an officer, director, agent, employee or the owner of a substantial interest in a business entity Salt Lake County.	that is subject to the regulation of
	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 pull hold a personal interest that creates a potential or actual conflict with my public duties.	iblic duties.
D.	Give a detailed description of the actual or potential conflicts of interest identified above, i.e., the nature entity or person with the County. Use more sheets if necessary. (<i>This disclosure statement will not be a is completed.</i>)	
	Board Member	
	board Member	
	and H	Jull
	Covered Person's Signature	
SI.	BSCRIBED and SWORN to before me this	(
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	MICHELLE M HICKS NOTARY PUBLIC - STATE OF UTAH NOTARY PUBLIC, Residing in	.\<
	My Comm. Exp 06/15/2020 Commission # 672015	U7
[SI	EAL] County	State

(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.)

Δ	Erin Litvack Deputy Mayor / CAO	385-468-7005
Λ.	Covered Person Position, or County Division for which you are employed or volunteering 2001 South State St., N2-100 SLC, UT 84190	County/Volunteer's Phone
	Covered Person's County Address/Volunteer's Address	
В.	Department Heritage and Arts Museum Board	
В.	Outside institution, entity, private business or person in which the Covered Person has a personal or business required in the above section	iness interest for which disclosure
	Board Member	
	Covered person's status, relationship or commitment to the institution, entity, business or person named	above
	1000 600 W SLC, UT 84105	
	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)		
	I receive or have agreed to receive compensation for assisting a person or business entity in a transaction	ction involving Salt Lake County.
	I am an officer, director, agent, employee or the owner of a substantial interest in a business entity Salt Lake County. I am an officer, director, agent, employee or owner of a substantial interest in a business entity that of the substantial interest in a business entity in the substantial interest in the substantial interest in	
	with Salt Lake County. I hold an investment or other financial interest that creates a potential or actual conflict with my pull hold a personal interest that creates a potential or actual conflict with my public duties.	
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	Board Member	
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	Covered Person's Signature	
SU	UBSCRIBED and SWORN to before me this 30 day of 7, 20 8	ā
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	MICHELLE M HICKS NOTARY PUBLIC STATE OF UTAM NOTARY PUBLIC Residing in	();
[S]	My Comm. Exp 06/15/2020 Commission # 672015	State

(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*.)

Α.	Erin Litvack Deputy Mayor / CAO	385-468-7005
	Covered Person Position, or County Division for which you are employed or volunteering	County/Volunteer's Phone
	2001 South State St., N2-100 SLC, UT 84190	
	Covered Person's County Address/Volunteer's Address	
В.	Downtown Alliance Board	
	Outside institution, entity, private business or person in which the Covered Person has a personal or busing required in the above section	ness interest for which disclosure
	Board Member	
	Covered person's status, relationship or commitment to the institution, entity, business or person named	above
	175 400 S #600 Salt Lake City, UT 84111	
	Address and phone number of the institution, entity, business or person named above	
C. Select the category that applies to yourself and the outside institution, entity, business or person identified in subsection (B) above		
	I receive or have agreed to receive compensation for assisting a person or business entity in a transa	ction involving Salt Lake County.
	I am an officer, director, agent, employee or the owner of a substantial interest in a business entity Salt Lake County. I am an officer, director, agent, employee or owner of a substantial interest in a business entity that	
	with Salt Lake County. I hold an investment or other financial interest that creates a potential or actual conflict with my pull hold a personal interest that creates a potential or actual conflict with my public duties.	ablic duties.
D.	Give a detailed description of the actual or potential conflicts of interest identified above, i.e., the nature entity or person with the County. Use more sheets if necessary. (<i>This disclosure statement will not be a is completed.</i>)	
	Board Member	
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	Covered Person's Signature	
CI	JBSCRIBED and SWORN to before me this 30 day of 700000000000000000000000000000000000	
30	ABSCRIBED and SWORN to detote the this day of, 20, 20, 20, 20, 20	t.
	MICHELLE M HICKS NOTARY PUBLIC - STATE OF UTAH NOTARY PUBLIC - Residing in	
	My Comm. Exp 06/15/2020 Commission # 672015	V
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