# 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.

<b>Date Received</b>
(office use)

Date of Request	2/23/18
Requesting Staff Member	Seth Jarvis, Director
Requested Council Date	3/7/18
Topic/Discussion Title	Disclosure Statement
Description	Submit Disclosure Statements for members of the Clark Planetarium Board:
	Jonathan Barnes, CiCi Compton, Jordan Hansen, Rees Petersen, Kent Rominger, Allison Thompson and Kim Wilson
Requested Action <sup>1</sup>	Consent
Presenter(s)	
Time Needed <sup>2</sup>	<5
Time Sensitive <sup>3</sup>	No
Specific Time(s) <sup>4</sup>	No
Please attach the supporting documentation you plan to provide for the packets to this form. While not ideal, if supporting documents are not yet ready, you can still submit them by 10 am the Friday morning prior to the COW agenda. Items without documentation may be taken off for consideration at that COW meeting.	

Mayor or Designee approval:

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

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

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

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





110 South 400 West Salt Lake City, UT 84101 385.468.STAR (7827) www.clarkplanetarium.org

February 23, 2018

To: Salt Lake County Council

From: Seth Jarvis, Clark Planetarium

Re: Request for Consent

Accompanying this cover letter are Disclosure Statements for the following members of the Clark Planetarium Advisory Board for which council consent is sought:

Jonathan Barnes

CiCi Compton

Jordan Hansen

Rees Petersen

Kent Rominger

Allison Thompson

Kim Wilson

Thank you,

Seth Jarvis, Director

Clark Planetarium

Extension 81234

(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. Jonathan Barnes Clark Planetarium Advisory Board 801-255-1067 Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone 1201 E. 8725 S., Sandy, UT 84094 Covered Person's County Address/Volunteer's Address B. It I Technical Solutions, LLC
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 PO Box 802 Sandy UT 84091
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.) J&J Technical has a business license for Salt Lake County and is under its regulations. It I does not have business directly with the county at this time. SUBSCRIBED and SWORN to before me this 8th day of FEBRUARY , 2018 MELBA E TAYLOR Notary Public, State of Utah Commission # 682077

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

My Commission Expires March 18, 2019

[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.) A. Jordan Hansen Clark Planetarium Board 801-455-5887
Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone 7 Cave Hollow Ct. Farmington, VT 84025 Covered Person's County Address/Volunteer's Address B. Moreton Asset Management
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 Managing Partner / Chief Invistment Officer.

Covered person's status, relationship or commitment to the institution, entity, business or person named above 1015. 200 F., Suite 300, Salt Lake City, UT 8411 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.) Moreton Asset Management provides investment advisory services to Salt Lake County, we invest a portion of the county's reserve fonds for a flat fee. Our firm works with Wayne Cushing ( country Treasurer) and has been working with the country since 2015. Moreton Asset Management is a Certified Invistment Advisor with the state of Utah and provides services to over 40 Utah municipalities. The my relationship with Salt Lake county was disclosed prior to joining the Clark Planetarum board. I am Partner's Moreton Asset management and am a minority owner in the company, **Notary Public State of Utah** Comm. Exp.: Feb. 8, 2021 Comm. Number: 693494

(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*.)

3

Α.	REES PETERSEN CLARK PLANETARIUM BOARD MEMBER 801-243-139
	Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone
	2820 E. CRAIG DR. SLC, UT 84109
	Covered Person's County Address/Volunteer's Address
В.	
	Outside institution, entity, private business or person in which the Covered Person has a personal or business interest for which disclosure is required in the above section  EMPLOYEE  SR. V.P. REUSONAL INVESTMENT MANAGER
	Covered person's status, relationship or commitment to the institution, entity, business or person named above
	299 S. MAIN STREET, 7TH FLOOR, SLC, UT 84111 385-415-7887
	299 S. MAIN STREET, 7TH FLOOR, SLC, UT 84111 385-415-7887 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.
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.)
	Covered Person's Signature
SI	UBSCRIBED and SWORN to before me this 16 <sup>TH</sup> day of FEBRUARY ), 2018.
	and a motival to detail the time and
[S]	NOTARY PUBLIC MARIA ANGELA RAVARINO 691556 COMMISSION EXPIRES SEPTEMBER 26, 2020 STATE OF UTAH  NOTARY PUBLIC, Residing in  SAUL LAKE VI  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.) Position, or County Division for which you are employed or volunteering 2714 Bridgeport Covered Person's County Address/Volunteer's Address B Outside institution, entity, private business or person in which the Covered Person has a personal or business interest for which disclosure is required in the above section Covered person's status, relationship or commitment to the institution, entity, business or person named above Address and phone number of the institution, entity, business or person named above C. Select the category that applies to yourself and the outside institution, entity, business or person identified in subsection (B) above: I receive or have agreed to receive compensation for assisting a person or business entity in a transaction involving Salt Lake County. I am an officer, director, agent, employee or the owner of a substantial interest in a business entity that is subject to the regulation of Salt Lake County. I am an officer, director, agent, employee or owner of a substantial interest in a business entity that does or anticipates doing business with Salt Lake County. I hold an investment or other financial interest that creates a potential or actual conflict with my public duties. I hold a personal interest that creates a potential or actual conflict with my public duties. D. Give a detailed description of the actual or potential conflicts of interest identified above, i.e., the nature of the relationship of each business entity or person with the County. Use more sheets if necessary. (This disclosure statement will not be accepted as valid unless this section is completed.) NONE Covered Person's Signature SUBSCRIBED and SWORN to before me this JESSICAA CHR STENSEN [SEAL]



## SALT LAKE COUNTY VOLUNTEER CONTRACT

If I am accepted as a Salt Lake county volunteer, I agree to perform the volunteer duties as specified on my selected job description, to the best of my ability and in a professional manner. I will appreciate constructive feedback. If problems arise such as scheduling, I will notify my supervisor as soon as possible before my assigned shift.

### CONFIDENTIALITY:

I agree to maintain the same strict confidentiality regarding my duties that is expected of the paid staff.

## RELEASE:

While performing volunteer work assignments and duties, the undersigned volunteer (unsalaried worker), authorized by the Division Director, shall be deemed an employee of Salt Lake County only for the purpose of the following liabilities and insurance coverage.

- A. Medical Benefits under Worker's Compensation for any injury sustained by him/her while engaged in performance of any service;
- B. Properly licensed operation of County vehicles or equipment;
- C. Liability protection normally afforded salaried employees.

If I, as a Salt Lake County volunteer, will be driving on county business or transporting clients while using my personal vehicle, in the event of a car accident, I shall immediately contact my own insurance carrier and report the accident; damages due to accidents must be covered by my own insurance carrier. If involved in an accident while on County business I must also file a report with County Risk Management according to Salt Lake County Wide Policy 1011, Accident Reporting. Upon request, the Volunteer Coordinator will provide assistance to complete this report. (Refer to Volunteer Policy #4009 on Volunteer Auto Use.)

With this knowledge, the undersigned volunteer hereby releases Salt Lake County, its agents and employees from any liability or obligation arising from, or in connection with, the undersigned's Volunteer Activities with Salt Lake County other than stated above.

I have read the sexual harassment and discrimination information (Initial)
If necessary, I have submitted a Statutory Ethical and Disclosure form/ (Initial)
I have read and understand the above conditions.
Volunteer Signature: Kart Kang
Parent or Guardian signature if under 18:
Signature of Agency Representative:
Date

(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, under penalties of perjury, make the following statement regarding my person the country of the Country Officers and Employees Disclosure Act, under penalties of perjury, make the following statement regarding my person to the country Officers and Employees Disclosure Act, under penalties of perjury, make the following statement regarding my person to the country Officers and Employees Disclosure Act, under penalties of perjury, make the following statement regarding my person to the country Officers and Employees Disclosure Act, under penalties of perjury, make the following statement regarding my person to the country Officers and Employees Disclosure Act, under penalties of perjury, make the following statement regarding my person to the country of the countr	§§ 17-16a-1 et seq., U.C.A., 1953 as amended, I, the undersigned, nal or business interest. (Type or print all information.)
	Covered Person Position, or County Division for which you are 2378 E Blaine Ave., 810, 100 Covered Person's County Address/Volunteer's Address	e employed or volunteering County/Volunteer's Phone 3
В.	B.  Outside institution, entity, private business or person in which the Cover is required in the above section	ed Person has a personal or business interest for which disclosure
	Covered person's status, relationship or commitment to the institution, en	ntity, business or person named above
	Address and phone number of the institution, entity, business or person n	named above
C.	C. Select the category that applies to yourself and the outside institution, et	ntity, business or person identified in subsection (B) above:
	l receive or have agreed to receive compensation for assisting a pers	son or business entity in a transaction involving Salt Lake County.
	I am an officer, director, agent, employee or the owner of a substant Salt Lake County.  I am an officer, director, agent, employee or owner of a substantial is with Salt Lake County.  I hold an investment or other financial interest that creates a potential or actual conflict with salt Lake County.	interest in a business entity that does or anticipates doing business
D.	D. Give a detailed description of the actual or potential conflicts of interest i entity or person with the County. Use more sheets if necessary. (This dis completed.)	identified above, i.e., the nature of the relationship of each business isclosure statement will not be accepted as valid unless this section
	None.	
	Covere	Hizotela C Enfin (CiCi) ad Person's Signature
SU	SUBSCRIBED and SWORN to before me this 12 day of 2 lands	20_1 f.
	NOTA	RY PUBLIC, Residing in
[S	[SEAL] County	Salt Bake U.T.

(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.	Allison Thompson Clark Planeta	arium Advisory Board	801-698-9375
	Covered Person Position, or County Division for v	which you are employed or volunteering	County/Volunteer's Phone
	2747 Edgehill Dr Bountiful, UT 84010		
	Covered Person's County Address/Volunteer's Address		
B.			
	Outside institution, entity, private business or person in which is required in the above section	ch the Covered Person has a personal or busi	ness interest for which disclosure
	Covered person's status, relationship or commitment to the i	nstitution, entity, business or person named	above
	Address and phone number of the institution, entity, business	s or person named above	
C.	Select the category that applies to yourself and the outside i	institution, entity, business or person identifi	ed in subsection (B) above:
	I receive or have agreed to receive compensation for ass	sisting a person or business entity in a transa	ction involving Salt Lake County.
	I am an officer, director, agent, employee or the owner Salt Lake County.	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 with Salt Lake County.	substantial interest in a business entity that	does or anticipates doing business
	I hold an investment or other financial interest that creat I hold a personal interest that creates a potential or actu		ablic duties.
D.	Give a detailed description of the actual or potential conflictentity or person with the County. Use more sheets if necess is completed.)		
	No conflicts of interest to disclos	se.	
		<b>1</b> –	
		An Z	
		Covered Person's Signature	
SU	BSCRIBED and SWORN to before me thisday of	, 20	
		NOTARY PUBLIC, Residing in	
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[SE	EAL]	County	State

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Ur un	der the provisions of the County Officers and Employees Disclosure Act, §§ 17-16a-1 et seq., U.C.A., 1953 as amended, I, the undersigned, der penalties of perjury, make the following statement regarding my personal or business interest. (Type or print all information.)
A.	Kim R. Milson Clark Haruthsium 807-916-7000
	Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone
	Covered Person's County Address/Volunteer's Address
В.	Outside institution, entity, private business or person in which the Covered Person has a personal or business interest for which disclosure
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	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
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	<ul> <li>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.</li> <li>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.</li> </ul>
	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.
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	Covered Person's Signature
SU	BSCRIBED and SWORN to before me thisday of
	NOTARY PUBLIC, Residing in
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