

Reset Form

**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**  
(office use)

<b>Date of Request</b>	3-14-18
<b>Requesting Staff Member</b>	Isabelle Roehrig
<b>Requested Council Date</b>	3-27-18
<b>Topic/Discussion Title</b>	Conflict of Interest Disclosure Forms
<b>Description</b>	SLCo Library Services Conflict of Interest Forms (see attached).  Library Employees - Six (6) Forms Library Board Members - Six (6) Forms
<b>Requested Action<sup>1</sup></b>	Review and approve
<b>Presenter(s)</b>	NA
<b>Time Needed<sup>2</sup></b>	NA
<b>Time Sensitive<sup>3</sup></b>	No
<b>Specific Time(s)<sup>4</sup></b>	No
<b>Contact Name &amp; Phone</b>	Isabelle Roehrig 385-468-7050
<b>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.</b>	

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

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



**Ben McAdams**, Salt Lake County Mayor  
**Holly Yocom**, Community Services Director  
**James D. Cooper**, Library Director

## **Council**

2001 South State Street N2-200  
Salt Lake City, UT 84114-4575

March 14, 2018

To the members of the County Council:

The following library employees and Board members have submitted conflict of interest forms.

## **Library Employees**

Virginia Pine  
Stephanie Anderson  
Albert Lynn Andrew  
Kira Moody  
Patricia Hull  
Matthew McLain

## **Library Board Members**

Richard H. Nixon  
Paul Benner  
Chelsea Lindbeck (DiFrancesco)  
Cynthia Mecklenburg  
James Jackson III  
Kristin Covili

Carol Ormond  
Office Manager  
Salt Lake County Library  
8030 S. 1825 W.  
West Jordan, Utah 84088  
801-944-7515

# DISCLOSURE OF PERSONAL OR FINANCIAL INTEREST

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

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

A. Virginia Pine Salt Lake County Library 801-230-2177  
Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone  
5380 W Herriman Main St Herriman, UT 84094  
Covered Person's County Address/Volunteer's Address

B. Children's Literature Association of Utah (CLAU)  
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 + committee chair  
Covered person's status, relationship or commitment to the institution, entity, business or person named above  
~~1111~~ PO Box 1941 Draper UT 84020  
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:

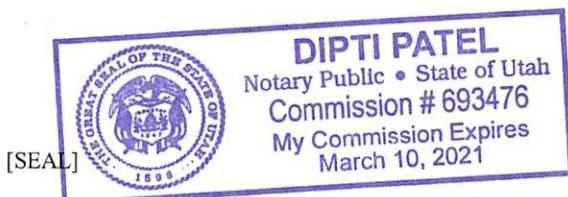
- ☐ I receive or have agreed to receive compensation for assisting a person or business entity in a transaction involving Salt Lake County.
- ☐ I am an officer, director, agent, employee or the owner of a substantial interest in a business entity that is subject to the regulation of Salt Lake County.
- ☐ 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.)

I am a member of the CLAU board and chair of the Children's Literature committee

Virginia Pine  
Covered Person's Signature

SUBSCRIBED and SWORN to before me this 1 day of February, 2018.



Dipti Patel Sandy, UT  
NOTARY PUBLIC, Residing in

Salt Lake UT  
County State

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





## 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;
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.

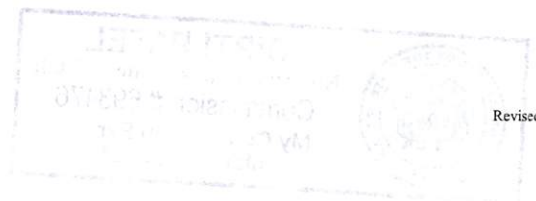
### DISCLOSURE REQUIRED

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;
- 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.



**DISCLOSURE OF PERSONAL OR FINANCIAL INTEREST**

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

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

A. Stephanie Anderson Senior Librarian 385-227-2706  
 Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone  
Whitmore Library 2197 East Union Blvd SLC UT 84121  
 Covered Person's County Address/Volunteer's Address

B. Christmas Box House - XUMP  
 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

volunteer  
 Covered person's status, relationship or commitment to the institution, entity, business or person named above

3660 South West Temple SLC 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.)

The potential conflict is that there is an overlap in my professional job duties and this organization.

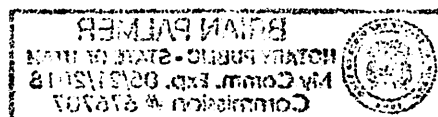
SUBSCRIBED and SWORN to before me this 17<sup>th</sup> day of January, 2018.  
 Covered Person's Signature

[SEAL]



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

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





**DISCLOSURE OF PERSONAL OR FINANCIAL INTEREST**

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

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

A. Albert Lynn Andrew  
Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone  
4175 West 5345 South Kearns 84118  
Covered Person's County Address/Volunteer's Address

B. American Facility Services  
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  
Owner  
Covered person's status, relationship or commitment to the institution, entity, business or person named above  
6512 E1 Arbol Circle West Jordan, Ut. 84081  
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.)

My company does not provide Services to Salt Lake County.

Albert Lynn Andrew  
Covered Person's Signature

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



Bridget Mary Julian  
NOTARY PUBLIC, Residing in \_\_\_\_\_  
County \_\_\_\_\_ State \_\_\_\_\_

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# DISCLOSURE OF PERSONAL OR FINANCIAL INTEREST

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

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

A. Kira Moody Whitmore Library (801) 944-7539  
Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone  
2197 E. Ft. Union Blvd., SLC, UT 84121  
Covered Person's County Address/Volunteer's Address

B. Disney Hyperion Book Group, Penguin Random House  
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  
Review books as a volunteer for Youtube channel, The Keepers of the Books  
Covered person's status, relationship or commitment to the institution, entity, business or person named above  
501 E. Vine St., Murray, UT 84107  
Address and phone number of the institution, entity, business or person named above

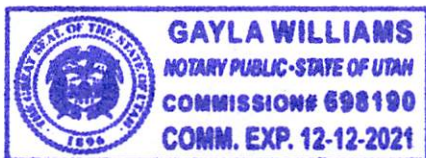
C. Select the category that applies to yourself and the outside institution, entity, business or person identified in subsection (B) above:

- ☐ 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.)

I receive ~100 books on an annual basis for potential review. No compensation is received.

SUBSCRIBED and SWORN to before me this 25<sup>th</sup> day of January, 2018.



[SEAL]

Kira Moody  
Covered Person's Signature

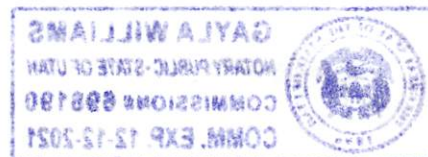
Gayla Williams  
NOTARY PUBLIC, Residing in

Salt Lake  
County

Utah  
State

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

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

A. 

Patricia ( Trish) Hull	West Valley Library Manager	801-944-7583
Covered Person*	Position* or County Division	County Phone

2880 West 3650 South West Valley City Utah 84119

Covered Person's County Address

B. 

Magna Metro Township Council
Outside institution, entity, private business or person involved

Elected Council Person


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

8952 West Magna Main Street Magna, Utah 84044

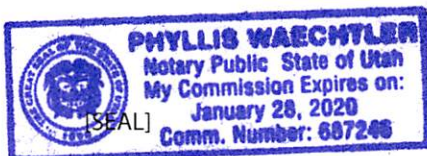
Outside institution, entity, business or person's address and phone number

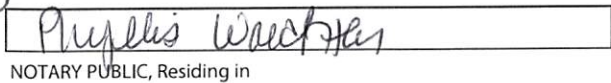
C. Describe below the nature of the assistance you are providing to the institution, entity, private business or person named above, or describe the nature of the economic interest or employment you hold in the private business. Also describe the relationship with or transaction between the business, institution, person, etc. and Salt Lake County. Use more sheets if necessary. *(This disclosure statement will not be accepted as valid unless this section is completed.)*

The Magna Metro township contracts with salt lake county for some services. However library services are not contracted.

  
Covered Person's Signature

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



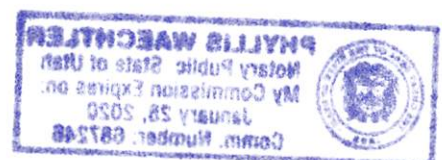
  
NOTARY PUBLIC, Residing in

Salt Lake Utah  
County State

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

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





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

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

A. 

Matthew McLain	Manager, Kearns Library, Library Services	801-944-7615
Covered Person*	Position* or County Division	County Phone

5350 S 4220 W, Kearns, UT 84118

Covered Person's County Address

B. 

Collaborative Summer Library Program
Outside institution, entity, private business or person involved

President, May 2017-May 2018

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

Address: 953 Sixth Place SE Mason City IA 50401-5261 Phone: (641) 423-0005

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

C. Describe below the nature of the assistance you are providing to the institution, entity, private business or person named above, or describe the nature of the economic interest or employment you hold in the private business. Also describe the relationship with or transaction between the business, institution, person, etc. and Salt Lake County. Use more sheets if necessary. *(This disclosure statement will not be accepted as valid unless this section is completed.)*

I am serving as President of the Collaborative Summer Library Program (CSLP). It is an Executive Board position. CSLP sells Summer Reading guides and incentive materials. The potential conflict is that the County Library uses the guides (which are typically purchased by the Utah State Library and distributed to public libraries across the state), but rarely purchases incentive items from CSLP. I do not use my position in the Library to influence purchasing decisions. When I attend the CSLP annual meeting, I receive a bag of sample incentives that I give out at the library. My supervisor is aware of the commitment and supports my involvement. My tenure as President ends May 2018, at which point I become past president for a year.

  
Covered Person's Signature

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



  
NOTARY PUBLIC, Residing in

Salt Lake UT  
County State

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A. Richard H. Nixon Library Board 801-467-8323  
Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone  
1928 Millbrook Road, Millcreek City, Ut. 84106  
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

None  
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.)

Richard H. Nixon  
Covered Person's Signature

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



[SEAL]

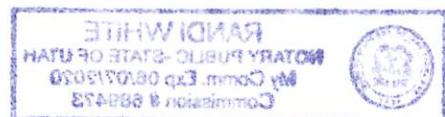
[Signature]  
NOTARY PUBLIC, Residing in

Salt Lake County  
County

UT  
State

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A. Paul Benner Library Board (801) 673-9715  
Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone  
2547 Eastbourne Dr. Cottarwood Hts, UT. 84121  
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.

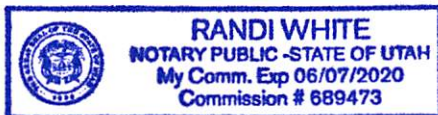
D. Give a detailed description of the actual or potential conflicts of interest identified above, i.e., the nature of the relationship of each business entity or person with the County. Use more sheets if necessary. (This disclosure statement will not be accepted as valid unless this section is completed.)

I am an associate dean at Salt Lake Community College -  
An employee of the State of Utah

[Signature]  
Covered Person's Signature

SUBSCRIBED and SWORN to before me this 26<sup>th</sup> day of February<sup>nd</sup>, 2018<sup>th</sup>

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



[SEAL]

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10000000

10000000

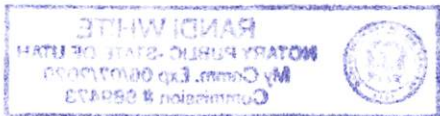
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# DISCLOSURE OF PERSONAL OR FINANCIAL INTEREST

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

A. Chelsea Lindbeck SL County Library Board 801-922-0266  
Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone  
9272 S. Peach Blossom Dr. Sandy, UT 84094  
Covered Person's County Address/Volunteer's Address

B. NA  
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.)

[Signature]

Covered Person's Signature

SUBSCRIBED and SWORN to before me this 26 day of February, 2019.



[SEA]

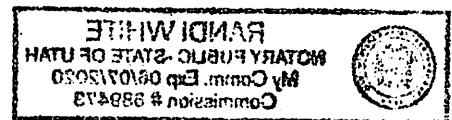
[Signature]

NOTARY PUBLIC, Residing in

Salt Lake County  
County

UT  
State

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



# DISCLOSURE OF PERSONAL OR FINANCIAL INTEREST

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

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

A. Cynthia Mecklenburg, SCLCS 801-414-3423  
Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone

1254 S 2700 E Cottonwood Heights, UT 84121  
Covered Person's County Address/Volunteer's Address

B. Catholic Community Services of Utah  
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

HR Director  
Covered person's status, relationship or commitment to the institution, entity, business or person named above  
145 E 300 S SLC, UT 84102 801-428-1224  
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

C Mecklenburg  
Covered Person's Signature

SUBSCRIBED and SWORN to before me this 26 day of February, 20 18.



[SEAL]

Randi White  
NOTARY PUBLIC, Residing in

Salt Lake County UT  
County State

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## 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;
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.

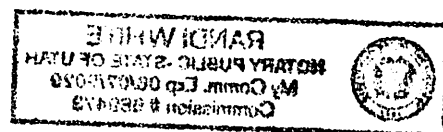
### DISCLOSURE REQUIRED

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;
- 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

# DISCLOSURE OF PERSONAL OR FINANCIAL INTEREST

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

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

A. James Jackson III SL County Library 801-652-0856  
Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone  
3573 Oakview Dr. SLC, UT 84124  
Covered Person's County Address/Volunteer's Address

B. N/A  
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

N/A  
Covered person's status, relationship or commitment to the institution, entity, business or person named above

N/A  
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.)

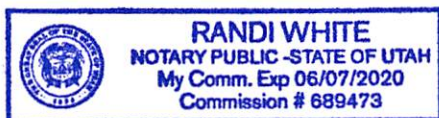
[Signature]  
Covered Person's Signature

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

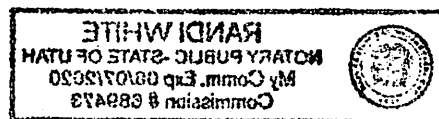
[Signature]  
NOTARY PUBLIC, Residing in

Salt Lake County UT  
County State

[SEAL]



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 exists.



# DISCLOSURE OF PERSONAL OR FINANCIAL INTEREST

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

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

A. Kristin Covili Library Board Member 801-633-9758  
Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone  
256 E Leslie Ave SLC, UT 84115  
Covered Person's County Address/Volunteer's Address

B. NA  
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  
NA  
Covered person's status, relationship or commitment to the institution, entity, business or person named above  
NA  
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.)

Kristin Covili  
Covered Person's Signature

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

[SEAL]



Randi White  
NOTARY PUBLIC, Residing in

Salt Lake County  
County

UT  
State

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



301 P 802 400

NOTARY PUBLIC

STATE OF UTAH

NOTARY PUBLIC

STATE OF UTAH

NOTARY PUBLIC

STATE OF UTAH

Commission # 028473  
My Comm. Exp. 08/01/2020  
NOTARY PUBLIC - STATE OF UTAH  
RANDI WHITE

