

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)	
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Date of Request	February 27, 2018
Requesting Staff Member	Ina Landry
Requested Council Date	3-20-18
Topic/Discussion Title	Conflict of Interest Forms
Description	Conflict of Interest Forms submitted by the following Divisions: - Aging & Adult Services - Health Department - Youth Services All forms are attached.
Requested Action¹	Review & Approve
Presenter(s)	NA
Time Needed²	5 Minutes
Time Sensitive³	No
Specific Time(s)⁴	No
Contact Name & Phone	Ina Landry 385-468-7060
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

**DEPARTMENT OF
HUMAN SERVICES**

Karen Crompton
Department Director

HUMAN SERVICES DIVISIONS

AGING SERVICES

BEHAVIORAL HEALTH SERVICES

CRIMINAL JUSTICE SERVICES

HEALTH DEPARTMENT

YOUTH SERVICES

USU EXTENSION

**SALT LAKE COUNTY
GOVERNMENT CENTER**
2001 South State St., Ste. N3200
Salt Lake City, UT 84190-2000
Phone (385) 468-7060
Fax (385) 468-7072
TTY: 7-1-1

To: County Council
From: Human Services Department
Date: March 6, 2018
Re: Division Conflict of Interest Forms

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

Aging & Adult Services Employees

- Paul Leggett
- Preston Hutchings
- Anya May

Aging & Adult Services Board Members

- Daniel Harris
- David Mendenhall
- Deb Mair
- Julie Larsen
- Kimberly Dansie
- Louis Miller
- Ronnie Daniel
- Tammy Pett

Health Department Employees

- Andrea Gamble (3 forms)
- Dan Moore (2 forms)
- Eric Michaels
- Jorge Mendez
- Nancy Lucero
- Rachel Black

Youth Services Temp Employees

- Jodie Uriarte
- Amber Welch
- Jeanie Martinez
- Vanessa Wilson
- Kelly Wayment
- Jessica Rex
- Heidi Sartori
- Brandi Brothers
- Kaylene Gowans
- Andrea Healton
- Victoria Farrimond
- Paul Burgess
- Anna Bessesen
- Cassie Fish
- Erin Killpack
- Kylee Gordon
- Vicki Lewellyn
- Miranda Lavalley
- Kelly Price
- Anthony Costales
- Terry Zubiran
- Roger Quinonez
- Kirsten Hendry
- Steve Alder
- Parker Hudson
- Leah Laramie
- Jeff Hart
- Deborah DuPaix
- Michele Christopher
- Jason Woodhead
- Jennianne Matautia-Vaai
- Vickie Dean
- Pam Hatton
- Wendy Timothy

Regards,

A handwritten signature in black ink that reads 'Ina Landry'.

Ina Landry
Department Assistant

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. Paul Leggett Director SCCQ AAS 385 468 3290
Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone

2001 S. State Street, SLC, UT 84114-4575
Covered Person's County Address/Volunteer's Address

B. NAA - National Association of Area Agencies on Aging
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

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

1730 Rhode Island Ave, NW, Suite 1200, Washington DC 20038
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:

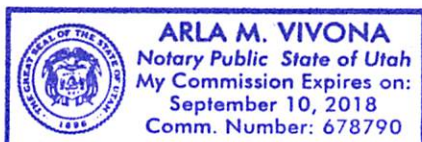
- ☐ I receive or have agreed to receive compensation for assisting a person or business entity in a transaction involving Salt Lake County.
- ☒ I am an officer, director, agent, employee or the owner of a substantial interest in a business entity that is subject to the regulation of Salt Lake County.
- ☐ 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 alternate board member for NAA. This is the governing board for the National Association of Area Agencies on Aging. As an alternate I do not vote on governing board issues.

Paul Leggett
Covered Person's Signature

SUBSCRIBED and SWORN to before me this 8 day of January, 20 1.



Arla M. Vivona
NOTARY PUBLIC, Residing in

Salt Lake 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.

I, the undersigned, do hereby certify that the within and foregoing is a true and correct copy of the original as the same appears from the records of the State of New York.

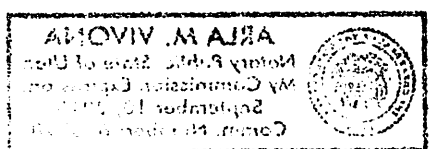
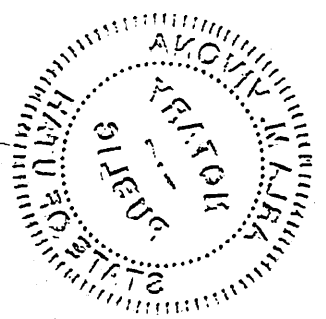
In testimony whereof, I have hereunto set my hand and the seal of the State of New York, at Albany, this 1st day of September, 1900.

Governor of the State of New York

Notary Public for the State of New York

My Commission Expires on September 1st, 1901

Control No. 1000000000



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. Preston Hutchings Volunteer Services Program manager 385-462-3076
Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone
2001 S. State St. Suite 51-500 SLC, UT. 84114
Covered Person's County Address/Volunteer's Address

B. American Combat Training
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

4868 S. 1900 W. Roy UT. 84067 801-547-7475

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.)

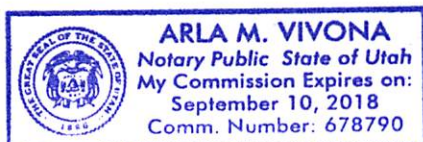
I own a martial Arts gym in Roy Utah. There is a potential that a patron or County employee comes to the gym.



[Signature]
Covered Person's Signature

SUBSCRIBED and SWORN to before me this 29 day of January, 2018.

[SEAL]



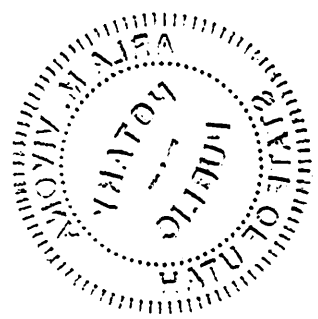
Arla M. Vivona
NOTARY PUBLIC, Residing in
Salt Lake UT
County State

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THE STATE OF ILLINOIS
COUNTY OF COOK
NOTARY PUBLIC

NOTARY PUBLIC

NOTARY PUBLIC



ARLA M. VIVONA
Notary Public, State of Illinois
My Commission Expires on
October 10, 2018
Commission # 00000000

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. Amiya May Zumba Instructor (385) 468-3015
Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone

3255 S. Beaver St. WVC, UT. 84119
Covered Person's County Address/Volunteer's Address

B. Granite School District
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

Full-time School Counselor
Covered person's status, relationship or commitment to the institution, entity, business or person named above

2500 S. State St. SLU, 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:

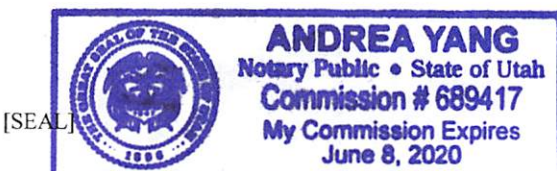
- ☐ I receive or have agreed to receive compensation for assisting a person or business entity in a transaction involving Salt Lake County.
- ☐ I am an officer, director, agent, employee or the owner of a substantial interest in a business entity that is subject to the regulation of Salt Lake County.
- ☐ 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 only conflict would be occasional schedule conflicts with my regular full-time job that occasionally conflict with my Zumba teaching schedule.

Amiya May
Covered Person's Signature

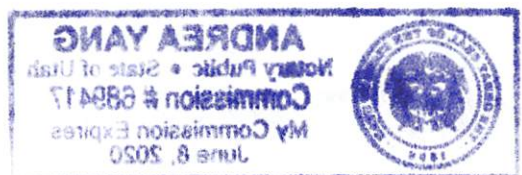
SUBSCRIBED and SWORN to before me this 1 day of February, 2018.



Andrea Yang
NOTARY PUBLIC, Residing in

Salt Lake Utah
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.





Ben McAdams
Salt Lake County Mayor

**AGING & ADULT
SERVICES**

Karen Crompton
*Department Director
Human Services*

Paul Leggett
*Division Director
Aging & Adult Services*

MEMORANDUM

Date: February 1, 2018
To: Karen Crompton, Human Services Director
From: Paul Leggett
Subject: Annual Conflict of Interest Statements – Aging and Adult Services

Attached please find Disclosure Statements for the following Salt Lake County Aging and Adult Council members:

Danial Harris
David Mendenhall
Deb Mair
Julie Larsen

Kimberly Dansie
Louis Miller
Ronnie Daniel
Tammy Pett

Thank you,

A handwritten signature in black ink, appearing to read 'Paul Leggett'.

Paul Leggett

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. DANIEL HARRIS COUNCIL FOR AGING, CHAIR 801-567-2656
Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone
6975 UNION PARK GTR, #320 MIDVALE, UT 84047
Covered Person's County Address/Volunteer's Address

B. AARP
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

ADVOCACY DIRECTOR
Covered person's status, relationship or commitment to the institution, entity, business or person named above
6975 UNION PARK GTR, #320, MIDVALE, UT 84047
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:

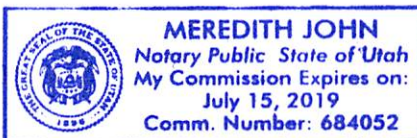
- ☐ I receive or have agreed to receive compensation for assisting a person or business entity in a transaction involving Salt Lake County.
- ☒ I am an officer, director, agent, employee or the owner of a substantial interest in a business entity that is subject to the regulation of Salt Lake County.
- ☐ 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 DO WORK ON ADVOCACY ISSUES FOR AGING UTAHNS

Daniel Harris
Covered Person's Signature

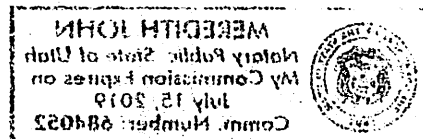
SUBSCRIBED and SWORN to before me this 1st day of February, 2018.



[SEAL]

Meredith John
NOTARY PUBLIC, Residing in
Salt Lake County 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

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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. DAVID MENDENHALL COUNCIL FOR AGING 385 210 9862
Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone
BOARD MEMBER
1612 JOLLY CIRCLE TAYLORSVILLE, UT 84123
Covered Person's County Address/Volunteer's Address

B. HOUSING AUTHORITY OF SALT LAKE CITY
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
PROPERTY MANAGER - RENDON TERRACE
Covered person's status, relationship or commitment to the institution, entity, business or person named above
158 N. 600 W. - OFFICE SLC, UT 84116
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:

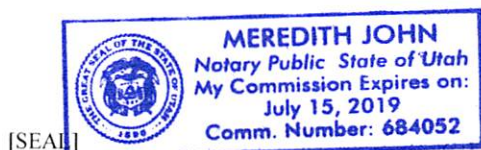
- ☐ I receive or have agreed to receive compensation for assisting a person or business entity in a transaction involving Salt Lake County.
- ☒ I am an officer, director, agent, employee or the owner of a substantial interest in a business entity that is subject to the regulation of Salt Lake County.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

AS AN EMPLOYEE OF THE HOUSING AUTHORITY, OUR ORGANIZATION WORKS WITH THE COUNTY ON HOUSING PROJECTS AND PROPERTY DEVELOPMENT.

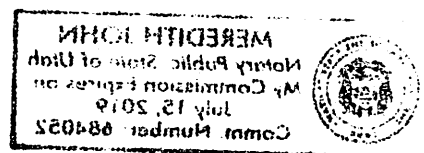
[Signature]
Covered Person's Signature

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



[Signature]
NOTARY PUBLIC, Residing in
Salt Lake County 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

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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. Debra A Mair Executive Director - nonprofit
Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone
3445 South Main SLc Ut. 84115
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:

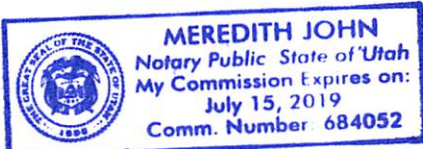
- ☐ I receive or have agreed to receive compensation for assisting a person or business entity in a transaction involving Salt Lake County.
- ☒ I am an officer, director, agent, employee or the owner of a substantial interest in a business entity that is subject to the regulation of Salt Lake County.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

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Executive Director Utah Disability Center.

Debra A Mair
Covered Person's Signature

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

[SEAL]  MEREDITH JOHN
Notary Public State of Utah
My Commission Expires on:
July 15, 2019
Comm. Number: 684052

Meredith John
NOTARY PUBLIC, Residing in
Salt Lake County Ut
County State

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Whereas the undersigned is a duly qualified and licensed
Notary Public for the State of Utah, and

and whereas the undersigned is a duly qualified and licensed

Notary Public for the State of Utah, and

COMM. NUMBER 684052
JULY 15, 2019
MY COMMISSION EXPIRES ON:
NOTARY PUBLIC, STATE OF UTAH
MEREDITH JOHN

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. Julie Larsen 801-582-1565 x2492
Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone
500 Foothill Drive SLC UT 84118
Covered Person's County Address/Volunteer's Address

B. VAMC
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

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

500 Foothill Drive SLC 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:

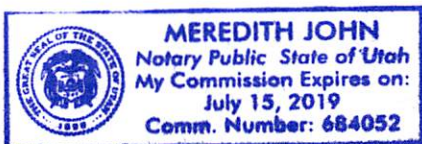
- ☐ I receive or have agreed to receive compensation for assisting a person or business entity in a transaction involving Salt Lake County.
- ☒ I am an officer, director, agent, employee or the owner of a substantial interest in a business entity that is subject to the regulation of Salt Lake County.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

Social Worker who works w/ SLC on program

[Signature]
Covered Person's Signature

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



[SEAL]

Meredith John
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.

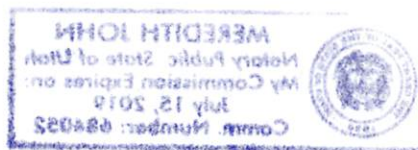
DISCLOSURE REQUIRED

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. Kimberly Dansie Advisory Board For (801) 550-6715
Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone
1748 Princeton Ave SLC UT 84108
Covered Person's County Address/Volunteer's Address

B. Community Nursing 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
VP of Development
Covered person's status, relationship or commitment to the institution, entity, business or person named above
2830 So. Redwood Rd WVC UT 84119
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:

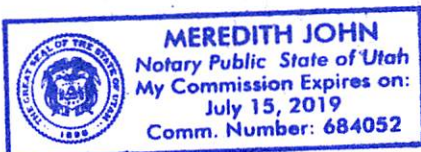
- ☐ I receive or have agreed to receive compensation for assisting a person or business entity in a transaction involving Salt Lake County.
- ☒ I am an officer, director, agent, employee or the owner of a substantial interest in a business entity that is subject to the regulation of Salt Lake County.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

CNS is a non-profit agency providing home care services.

Kimberly Dansie
Covered Person's Signature

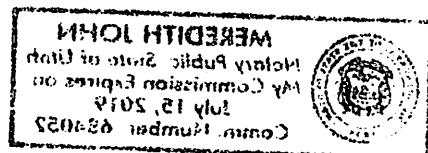
SUBSCRIBED and SWORN to before me this 1 day of February, 2018.



[SEAL]

Meredith John
NOTARY PUBLIC, Residing in
Salt Lake County 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. Louis Miller Council on Aging & Adult Services 801-503-8910
Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone
99 W South Temple #1807, SLC, UT 84101
Covered Person's County Address/Volunteer's Address

B. NONE
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.)

Deliver Meals on Wheels

Louis Miller
Covered Person's Signature

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



[SEAL]

Meredith John
NOTARY PUBLIC, Residing in
Salt Lake County 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.

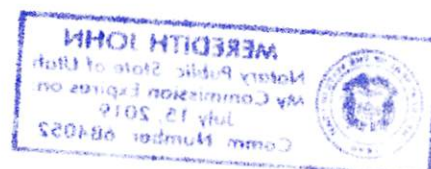
DISCLOSURE REQUIRED

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. Ronnie Daniel Salt Lake County Council for Aging 801-616-7949
Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone

3774 S- 3145 E. Salt Lake City, UT 84109
Covered Person's County Address/Volunteer's Address

B. Alzheimer's Association, Utah Chapter
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

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

855 E. 4800 S., suite 100, Salt Lake City, 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:

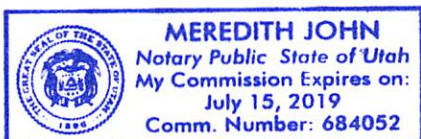
- ☐ I receive or have agreed to receive compensation for assisting a person or business entity in a transaction involving Salt Lake County.
- ☐ I am an officer, director, agent, employee or the owner of a substantial interest in a business entity that is subject to the regulation of Salt Lake County.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

The Alzheimer's Association anticipates potentially being a service provider to Salt Lake County.

[Signature]
Covered Person's Signature

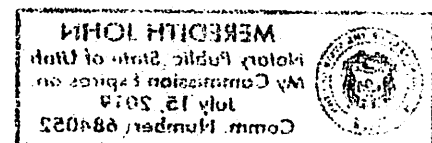
SUBSCRIBED and SWORN to before me this 1 day of February, 2018.



[SEAL]

[Signature]
NOTARY PUBLIC, Residing in
Salt Lake County 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. Tamara Pett, Housing Authority of the County of Salt Lake, 801-284-4489
Covered Person Position, or County/Division for which you are employed or volunteering County/Volunteer's Phone
1966 South 200 East, SLC, UT 84115
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:

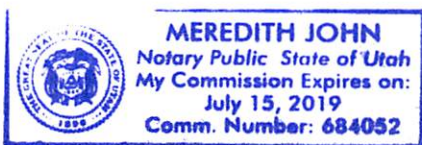
- ☐ I receive or have agreed to receive compensation for assisting a person or business entity in a transaction involving Salt Lake County.
- ☐ I am an officer, director, agent, employee or the owner of a substantial interest in a business entity that is subject to the regulation of Salt Lake County.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

With SLCO Housing Authority.

Tamara Pett
Covered Person's Signature

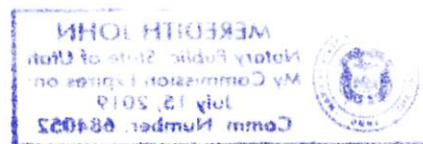
SUBSCRIBED and SWORN to before me this 1st day of February, 2018.



[SEAL]

Meredith John
NOTARY PUBLIC, Residing in
Salt Lake County 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.



February 1, 2018

Aimee Winder Newton, Chair
Salt Lake County Council
2001 S. State Street, N2-200
Salt Lake City, UT 84190

RE: Salt Lake County Health Department 2018 Disclosure Documents

Dear Councilmember Winder Newton:

The following Health Department employees have submitted a County Disclosure form which are attached for review:

- Andrea Gamble (3 forms)
- Dan Moore (2 forms)
- Eric Michaels
- Jorge Mendez
- Nancy Lucero
- Rachel Black

If you have any questions, please do not hesitate to contact me.

Respectfully,


Gary L. Edwards, M.S.
Executive Director



SALT LAKE COUNTY DISCLOSURE STATEMENT

Violation of these provisions may subject the officer, employee or board member to disciplinary action, in addition to the possibility of criminal prosecution. Any violations will be thoroughly investigated and prosecuted. Please be aware that this document is a shortened and simplified statement of the legal requirements involved in this area. **YOUR CONDUCT WILL BE GOVERNED BY THE LAW, NOT THIS REVIEW.** Feel free to direct any questions regarding the law's ethical and disclosure requirements to the Civil Division of the Office of the District Attorney.

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

Under the provisions of the Utah Public Employees' and Officers' Ethics Act, §§ 67-16-1 et seq., U.C.A., 1953 as amended and the County Officers and Employees Disclosure Act, §§ 17-16a-1 et seq., U.C.A., 1953 as amended, I, the undersigned, under penalties of perjury, make the following statement regarding my private business interests. (Type or print all information.)

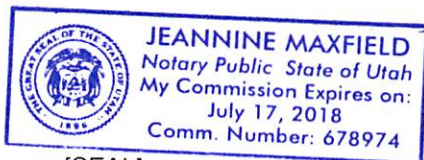
A. Andrea Gamble Environmental Health (385) 468-3817
County Employee Employed in (County Division) County Phone
788 East Woodoak Lane Murray, Utah 84107
Employee's Address

B. Salt Lake Community College
Outside institution, entity, private business or person involved
Adjunct Faculty
Describe county employee's position or investment in the outside institution, entity, private business, or personal contract
9750 300 W, Sandy, UT 84070 (801) 957-5200
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.)

Employee Signature

SUBSCRIBED and SWORN to before me this 17 day of January, 2018.



[SEAL]

NOTARY PUBLIC, Residing in
Salt Lake Co.
County State

This statement is a public document. It must be filed with the officer's, employee's, or board member's immediate supervisor, division director, department director or elected official, and the COUNTY COUNCIL. It must be filed when the potential conflict arises.

NOTARY PUBLIC STATE OF UTAH

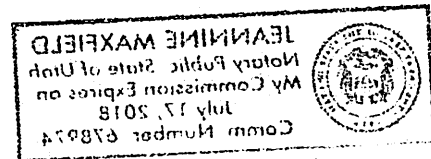
I, the undersigned, do hereby certify that the foregoing is a true and correct copy of the original as the same appears in the records of the County of Salt Lake, State of Utah.

Given under my hand and seal of office this 17th day of January, 2018.

LEANNINE MAXFIELD

17 January 2018

Leannine Maxfield





SALT LAKE COUNTY DISCLOSURE STATEMENT

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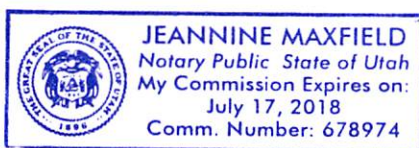
A. Andrea Gamble Environmental Health (385) 468-3817
County Employee Employed in (County Division) County Phone
788 East Woodoak Lane Murray, Utah 84107
Employee's Address

B. Easy Food Handlers
Outside institution, entity, private business or person involved
Instructor for Food Handlers and Servsafe Class
Describe county employee's position or investment in the outside institution, entity, private business, or personal contract
2268 South 2300 East Salt Lake City, Utah 84109 (435) 631-9942
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.)

Employee Signature

SUBSCRIBED and SWORN to before me this 17 day of January, 2018.



[SEAL]

NOTARY PUBLIC, Residing in
Salt Lake Co
County State

This statement is a public document. It must be filed with the officer's, employee's, or board member's immediate supervisor, division director, department director or elected official, and the COUNTY COUNCIL. It must be filed when the potential conflict arises.



SALT LAKE COUNTY DISCLOSURE STATEMENT

Violation of these provisions may subject the officer, employee or board member to disciplinary action, in addition to the possibility of criminal prosecution. Any violations will be thoroughly investigated and prosecuted. Please be aware that this document is a shortened and simplified statement of the legal requirements involved in this area. **YOUR CONDUCT WILL BE GOVERNED BY THE LAW, NOT THIS REVIEW.** Feel free to direct any questions regarding the law's ethical and disclosure requirements to the Civil Division of the Office of the District Attorney.

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

Under the provisions of the Utah Public Employees' and Officers' Ethics Act, §§ 67-16-1 et seq., U.C.A., 1953 as amended and the County Officers and Employees Disclosure Act, §§ 17 -16a-1 et seq., U.C.A., 1953 as amended, I, the undersigned, under penalties of perjury, make the following statement regarding my private business interests. (Type or print all information.)

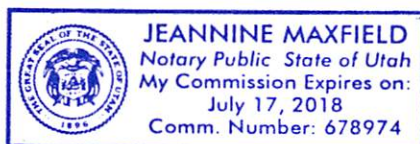
A. Andrea Gamble Environmental Health (385) 468-3817
County Employee Employed in (County Division) County Phone
788 East Woodoak Lane Murray, Utah 84107
Employee's Address

B. University Park Marriott
Outside institution, entity, private business or person involved
Host
Describe county employee's position or investment in the outside institution, entity, private business, or personal contract
480 Wakara Way, Salt Lake City, UT 84108 (801) 581-1000
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.)

Employee Signature

SUBSCRIBED and SWORN to before me this 17 day of January, 2018.



[SEAL]

NOTARY PUBLIC Residing in
Salt Lake Co.
County State

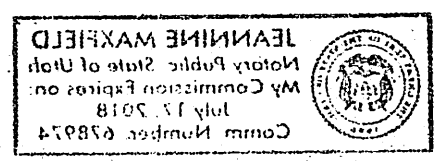
This statement is a public document. It must be filed with the officer's, employee's, or board member's immediate supervisor, division director, department director or elected official, and the COUNTY COUNCIL. It must be filed when the potential conflict arises.

STATE OF UTAH
COUNTY OF KANE

I, the undersigned, a Notary Public for the State of Utah, do hereby certify that the foregoing is a true and correct copy of the original as the same appears in the records of the County of Kane, State of Utah.

Given under my hand and seal of office this 18th day of January, 2018.

[Signature]
Notary Public
State of Utah
My Commission Expires on
July 17, 2018
Comm Number 628974



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. Don Moore Supervisor, EH - Health Dept. 385-468-3916
Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone
788 E Woodoak Lane Murray, UT 84107
Covered Person's County Address/Volunteer's Address

B. Utah Recycling Alliance (URA)
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
PO Box 927 SLC, UT 84110 435-659-1117
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.)

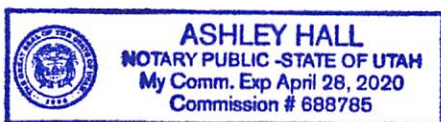
Board Member for a non-profit whose mission is to promote and educate for Zero Waste culture through practices that promote reuse, recycling, and resource conservation.

Don Moore

Covered Person's Signature

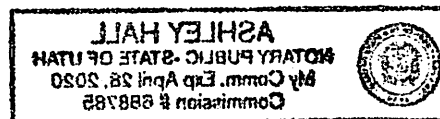
SUBSCRIBED and SWORN to before me this 19 day of January, 2018.

[SEAL]



Ashley Hall
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. Dan Moore EH, Health Dept. - Supervisor 385-468-3916
Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone
788 E Woodoak Lane Murray, UT 84107
Covered Person's County Address/Volunteer's Address

B. RESTRO
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
consultant
Covered person's status, relationship or commitment to the institution, entity, business or person named above
PO Box 1078 Centerville, UT 801-856-4558
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.

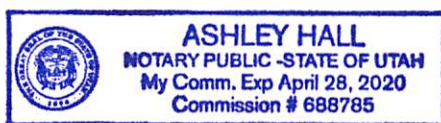
D. Give a detailed description of the actual or potential conflicts of interest identified above, i.e., the nature of the relationship of each business entity or person with the County. Use more sheets if necessary. (This disclosure statement will not be accepted as valid unless this section is completed.)

Food Safety Consultant, Secret Shopper Satisfaction Surveys
and Trainer for various businesses.
NO consulting activities occur in conflict with SLCo HD
Regulations or permits.

Dan Moore
Covered Person's Signature

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

[SEAL]



Ashley Hall
NOTARY PUBLIC, Residing in
Salt Lake County 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. Eric Michaels Environmental Health Supervisor 385-468-3906
Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone
788 E Woodoak Lane Murray UT 84107
Covered Person's County Address/Volunteer's Address

B. Utah Recycling Alliance (URA)
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
PO Box 927 SLC, UT 84110 465-659-1117
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.)*

Board Member for a non-profit whose mission is to promote and educate for Zero Waste Culture through practices that promote reuse, recycling and resource conservation.

Covered Person's Signature

SUBSCRIBED and SWORN to before me this 19 day of January, 20 18.

NOTARY PUBLIC, Residing in

[SEAL]

County

State

This statement is a public document. It must be filed with the covered person's immediate supervisor, volunteer or community liaison, division director, department director or elected official, and the County Council. It must be filed when the potential conflict arises and 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. Jorge Mendez Health Department/Environmental Health 801-694-0678
Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone
788 E Woodoak Ln. Murray UT 84107
Covered Person's County Address/Volunteer's Address

B. Canyons School District
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
Food handlers permit class instructor
Covered person's status, relationship or commitment to the institution, entity, business or person named above
825 E. 9085 S. Sandy, UT 84094 Phone number 801-826-6673
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:

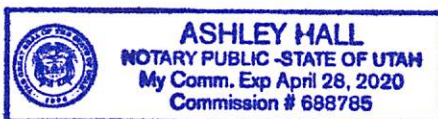
- ☒ I receive or have agreed to receive compensation for assisting a person or business entity in a transaction involving Salt Lake County.
- ☐ I am an officer, director, agent, employee or the owner of a substantial interest in a business entity that is subject to the regulation of Salt Lake County.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

Provide instruction to food handlers and managers on safe food handling practices, hygiene and health to obtain a food handlers permit and manager certification.

[Signature]
Covered Person's Signature

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



[SEAL]

Ashley Hall
NOTARY PUBLIC, Residing in
Salt Lake Utah
County State

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ASHLEY MALL
NOTARY PUBLIC - STATE OF UTAH
My Comm. Exp. April 28, 2020
Commission # 888758





SALT LAKE COUNTY DISCLOSURE STATEMENT

Violation of these provisions may subject the officer, employee or board member to disciplinary action, in addition to the possibility of criminal prosecution. Any violations will be thoroughly investigated and prosecuted. Please be aware that this document is a shortened and simplified statement of the legal requirements involved in this area. **YOUR CONDUCT WILL BE GOVERNED BY THE LAW, NOT THIS REVIEW.** Feel free to direct any questions regarding the law's ethical and disclosure requirements to the Civil Division of the Office of the District Attorney.

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

Under the provisions of the Utah Public Employees' and Officers' Ethics Act, §§ 67-16-1 et seq., U.C.A., 1953 as amended and the County Officers and Employees Disclosure Act, §§ 17-16a-1 et seq., U.C.A., 1953 as amended, I, the undersigned, under penalties of perjury, make the following statement regarding my private business interests. (Type or print all information.)

A. Nancy Lucero Environmental Health (385) 468-3845
County Employee Employed in (County Division) County Phone
788 East Woodoak Lane Murray, Utah 84107
Employee's Address

B. Easy Food Handlers
Outside institution, entity, private business or person involved
Instructor for Food Handlers and Servsafe Class
Describe county employee's position or investment in the outside institution, entity, private business, or personal contract
2268 South 2300 East Salt Lake City, Utah 84109 (435) 631-9942
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.)

Nancy Lucero
Employee Signature

SUBSCRIBED and SWORN to before me this 17 day of January, 2018.



[SEAL]

Jeannine Maxfield
NOTARY PUBLIC, Residing in
Salt Lake County UT
County State

This statement is a public document. It must be filed with the officer's, employee's, or board member's immediate supervisor, division director, department director or elected official, and the COUNTY COUNCIL. It must be filed when the potential conflict arises.

JEANNINE MAXFIELD
Newly Elected State of Ohio
My Commission Expires on
July 1, 2018
Comm. #136 and #8074





SALT LAKE COUNTY DISCLOSURE STATEMENT

Violation of these provisions may subject the officer, employee or board member to disciplinary action, in addition to the possibility of criminal prosecution. Any violations will be thoroughly investigated and prosecuted. Please be aware that this document is a shortened and simplified statement of the legal requirements involved in this area. YOUR CONDUCT WILL BE GOVERNED BY THE LAW, NOT THIS REVIEW. Feel free to direct any questions regarding the law's ethical and disclosure requirements to the Civil Division of the Office of the District Attorney.

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

Under the provisions of the Utah Public Employees' and Officers' Ethics Act, §§ 67-16-1 et seq., U.C.A., 1953 as amended and the County Officers and Employees Disclosure Act, §§ 17-16a-1 et seq., U.C.A., 1953 as amended, I, the undersigned, under penalties of perjury, make the following statement regarding my private business interests. (Type or print all information.)

A. Rachel Black Health Department (385) 468-3845
County Employee Employed in (County Division) County Phone
788 E Woodoak Lane, Murray, Utah 84107
Employee's Address

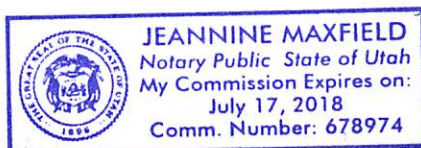
B. Black Environmental--Asbestos Inspection Company
Outside institution, entity, private business or person involved
Owner
Describe county employee's position or investment in the outside institution, entity, private business, or personal contract
801-926-1858 Location: 1316 S 1175 E, Clearfield, Utah 84015
Outside institution, entity, business or person's address and phone number

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


I am a licensed asbestos inspector and operate under my own business license. I do not have transactions with Salt Lake County as I only do business in Davis and Weber Counties. The work I do is regulated by the State of Utah.


Employee Signature

SUBSCRIBED and SWORN to before me this 17 day of January, 2018.



[SEAL]


NOTARY PUBLIC, Residing in
Salt Lake Co. UT
County State

This statement is a public document. It must be filed with the officer's, employee's, or board member's immediate supervisor, division director, department director or elected official, and the COUNTY COUNCIL. It must be filed when the potential conflict arises.



SALT LAKE COUNTY DISCLOSURE STATEMENT

TO: ALL SALT LAKE COUNTY OFFICERS, VOLUNTEERS, AND EMPLOYEES

FROM: OFFICE OF THE DISTRICT ATTORNEY FOR SALT LAKE COUNTY

SUBJECT: STATUTORY ETHICAL AND DISCLOSURE REQUIREMENTS

All Salt Lake County employees, elected and appointed officials, and volunteer board members be aware of and abide by two significant statutes in Utah law which prohibit, or require disclosure of, certain actual or potential conflicts of interest between their public duties and private business interests, if any. The Utah Public Officers' and Employees' Ethics Act (§§ 67-16-1, et seq., U.C.A., 1953 as amended) and the County Officers and Employees Disclosure Act (§§ 17-16a-1, et seq., U.C.A., 1953 as amended) set the following requirements:

PROHIBITED ACTS:

1. No employee, officer or board member shall (1) use County office or employment for private advantage by revealing confidential, controlled, private or protected information gained through that office or employment, (2) use his/her County position to secure special privileges, or (3) accept other employment that would reasonably be expected to interfere with the ethical performance of his public duties.
2. No employee, officer or board member shall knowingly receive, accept, take, seek or solicit, directly or indirectly, any gift or loan for him/herself or another if: (1) the gift or loan would reasonably tend to influence him/her in the performance of official duties, or (2) the donor has been, is, or may become involved in any official county business. Exceptions to subparagraph (2) are non-money gifts of a value less than \$50.00, provided such gifts are accepted on an occasional basis; public awards; bona fide business loans; or campaign contributions actually used in a political campaign.
3. No employee, officer or board member, acting in an official capacity, may accept payment for helping a private person or business in any transaction with the county. Payment may be accepted if the transaction is not in the employee's official capacity and disclosure is made as set forth hereafter.
4. Employees may not be involved with any private business which is regulated by the county, may not be involved in any transaction between their private business interests and the county, and may not be involved in any other actual or potential conflict of interest unless the nature and extent of the private business interest(s) are disclosed as explained below.

DISCLOSURE:

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

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. Vanessa Wilson Youth Services
Covered Person* Position* or County Division County Phone

B. Cranberry school district
Covered Person's County Address Outside institution, entity, private business or person involved

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

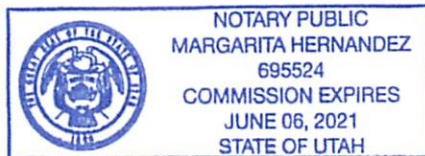
2500 S State St, SLU, UT 84113
Outside institution, entity, business or person's address and phone number

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.)

Teach students at Kearns Jr High

Vanessa Wilson
Covered Person's Signature

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



[SEAL]

Margarita Hernandez
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 persists.

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

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

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

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

A. Kelly Wayment North Services
Covered Person Position* or County Division County Phone

Covered Person's County Address

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

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

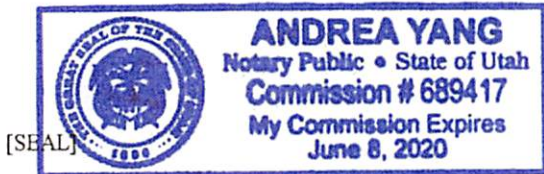
2500 S State St, SLC, UT 84115
Outside institution, entity, business or person's address and phone number

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

Teach students at Kearns Jr High

[Signature]
Covered Person's Signature

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



Andrea Yang
NOTARY PUBLIC, Residing in
Salt Lake Utah
County State

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

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**"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. Jessica Rex Youth Services
Covered Person* Position* or County Division County Phone

Covered Person's County Address

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

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

4040 W. Sams Blvd., Kearns, UT. 84118
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.)

Teach students at Kearns Jr High

Jessica Rex
Covered Person's Signature

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



[SEAL]

Margarita Hernandez
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 persists.

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

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

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

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

A. Heidi Sartori Youth Services
Covered Person* Position* or County Division County Phone

Covered Person's County Address

B. Granite School District, teacher, 4040w. Sams Blvd. Kearns ut
Outside institution, entity, private business or person involved 84118

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

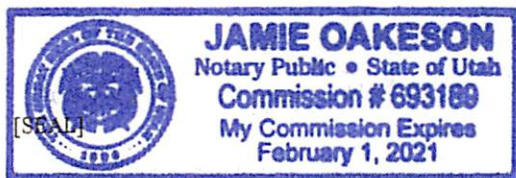
2500 S State St. SLU UT 84115
Outside institution, entity, business or person's address and phone number

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

Teach Students at Kearns Jr High

H. Sartori
Covered Person's Signature

SUBSCRIBED and SWORN to before me this 21 day of January, 2018.
22 January 2018



Jamie Oakeson
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 persists.

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

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

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

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

A. Brandi Brothers Youth Services
Covered Person* Position* or County Division County Phone

Covered Person's County Address

B. Granite School District, teacher, 4040 W. Sams Blvd Kearns UT
Outside institution, entity, private business or person involved 84118

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

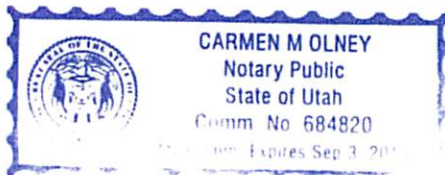
Outside institution, entity, business or person's address and phone number

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

teach students at Kearns Jr High

Brandi Brothers
Brandi Brothers
Covered Person's Signature

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



Carmen M Olney
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 persists.

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

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