	ans 10	Uth Socrices		
Covered Person*		ion* or County Division	County Phone	
Covered Person's County Addres	S			
Grante Sch		. teacher, 4041	W. Sama Blvd.	Keerr
Outside institution, entity, private	business or person involved	i		
Describe governd parson's status	teacher	in the outside institution, entity, pri	ivate business, or personal contract	
Describe covered person's status,	employment of investment	in the outside institution, entry, pri	vate business, of personal contract	
Outside institution, entity, business	ss or person's address and pl	hone number		
the nature of the economic inter between the business, institution	est or employment you hold	I in the private business. Also des County. Use more sheets if necessa	siness or person named above, or describe the relationship with or transary. (This disclosure statement will	saction
T 1. CX	udents ,	at Kearns	Jr tigh	
Tench >1	00.		Ü	
		. 1		
		Covered Pelson's Signature		
DSCPIRED and SWOPN to hafar	a mathic 18 th day of	1	20.13	
JBSCRIBED and SWORN to befor	e me this 18 th day of	1	20 18.	
	re me this 18 th day of	January a	SALT LAKE COO	
NO	OTARY PUBLIC CAR CHAVARRIA	1	SALT LAKE COO	UNTS
OSC	OTARY PUBLIC	January a	SALT LAKE COO	ארץ

filed every January, as long as the potential conflict persists.

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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 private business interests. (Type or print all information.)
1. Andrea Healton Youth Services
Covered Person* Position* or County Division County Phone
Covered Person's County Address
B. Granite School District Fear 10
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 Fearn Students
SUBSCRIBED and SWORN to before me this 9 day of 00000, 2018
NO M R
DANIELLE M BROWN NOTARY PUBLIC, Residing in
Notary Public
[SEAL] State of Utah Comm. No. 679230 County State
My Comm. Expires Sep 14, 2018
This statement is a public document. It must be filed with the covered person's immediate supervisor, volunteer or community liaison, division director, department director or elected official, and the County Council. It must be filed when the potential conflict arises and refiled every January, as long as the potential conflict persists.

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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 private business interests. (*Type or print all information.*)

Α.	VICTORIA FARRIMOND	OUTH SERVICES	
	Covered Person* Positio	n* or County Division	County Phone
	Covered Person's County Address		
В.	GRANITE SCHOOL DISTRICT		
Δ.	Outside institution, entity, private business or person involved		
	TEACHER		
	Describe covered person's status, employment or investment in	the outside institution, entity, private business	s, or personal contract
	4040 W. SAMS BLVD, KEAR	NS UT 84118	
	Outside institution, entity, business or person's address and pho-	one number	
C.	Describe below the nature of the assistance you are providing to the nature of the economic interest or employment you hold between the business, institution, person, etc. and Salt Lake Conaccepted as valid unless this section is completed.) The State of the assistance you are providing to the nature of the assistance you are providing to the nature of the assistance you are providing to the nature of the assistance you are providing to the nature of the assistance you are providing to the nature of the assistance you are providing to the nature of the assistance you are providing to the nature of the assistance you are providing to the nature of the nature of the assistance you are providing to the nature of the nature of the assistance you are providing to the nature of the nature of the assistance you are providing to the nature of the nature of the assistance you are providing to the nature of the nature of the assistance you are providing to the nature of the na	in the private business. Also describe the rela	ationship with or transaction
		Covered Person's Signature	
SUI	BSCRIBED and SWORN to before me thisday of) anvary 2018.	
-	ANDREA YANG	NOTARY PUBLIC, Residing in	
li l	Notary Public • State of Utah Commission # 689417	NOTARY PUBLIC, Residing in	Mah
100	My Commission Expires	County	State
-	June 8, 2020		2•

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				Act, §§ 17-16a-1 et seq., U.C.A., private business interests. (Type o	1953 as amended, I, the undersigned, or print all information.)
A. Pa	1 1			Services	•
Covered)		County Division	County Phone
	l Person's County		Na	**************************************	
B. Quesida	institution entit	private business or person	involved		
	wher	, private business or person	mvorved		
Describe	e covered person'	s status, employment or inve	estment in the c	outside institution, entity, private	business, or personal contract
40	40 W	Soms Blue	Keary	5, UT 84118	
Outside	institution, entity	, business or person's addre	ss and phone n	umber	
the nat	ure of the econor	nic interest or employment	you hold in the alt Lake County	e private business. Also describe . Use more sheets if necessary. (s or person named above, or describe the relationship with or transaction This disclosure statement will not be
			Co	overed Person's Signature	
SUBSCRIB	ED and SWORN	to before me this 18	day of Ja	nuary , 20 [8	₹.
[SEAL]		NOTARY PUBLIC MARGARITA HERNANDEZ 695524 COMMISSION EXPIRES JUNE 06, 2021 STATE OF UTAH	NO V		ty Marganita Hermandez UT State
This stateme	ent is a public de	ocument. It must be filed	with the covere	ed person's immediate superviso	r, volunteer or community liaison,

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

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	er the provisions of the County Officers and Employees Disclosure Act, §§ 17-16a-1 et seq., U.C.A., 1953 as amended, I, the undersigned penalties of perjury, make the following statement regarding my private business interests. (Type or print all information.)	d,
A.	Anna Besser York Sevices Covered Person* Position* or County Division County Phone	_
	Covered Person* Position* or County Division County Phone	
	Covered Person's County Address	-
В.	Gran, te School District Outside institution, entity, private business or person involved	
	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	
	2040 W Sans Blvd Record VT 84118 Dutside 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.)	n
	Teach at Kearns Ir High	
	Covered Person's Signature	
SU	SCRIBED and SWORN to before me this /8 day of January , 20 18	
	and lawet	
	JANET ROBERTS NOTARY PUBLIC, Residing in	
[SE	Commission # 684758 My Commission Expires On August 24, 2019 County State	
	statement is a public document. It must be filed with the covered person's immediate supervisor, volunteer or community liaison ion 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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Und	ler the provisions of the County Officers and Employees Disclosure Act, §§ 17-16a-1 et seq., U.C.A., 1953 as amended, I, the undersigned, er penalties of perjury, make the following statement regarding my private business interests. (Type or print all information.)
A.	Cassie Fish ASP teacher
Λ.	Covered Person* Position* or County Division County Phone
	5075 Rushton Acres Ct West Valley City, W1 84
В.	Covered Person's County Address O SCHOOL DISTVICT
В.	Outside institution, entity, private business or person involved
	RESPURCE TEACHER
	Describe covered person's status, employment or investment in the outside institution, entity, private business, or personal contract 8271 M. 2700 S. Magna, A. Shohh 385-646-497
	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 WIVK Q5 a RESIMCE FRACKET
	for H-le grade students.
	Cassi Jish
	Cassie Fish
	Covered Person's Signature
SU	BSCRIBED and SWORN to before me this
hadi.	BUFFY WALTERS BUFFY WALTERS
1	Notary Public NOTARY POBLIC, Residing in
(AE	State of Utah State of Utah
SI	Comm. No. 676359 My Comm. Expires Apr 30, 2018 County State
Th	s statement is a public document. It must be filed with the covered person's immediate supervisor, volunteer or community liaison,

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

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uno	der the provisions of the County Officers and Employ der penalties of perjury, make the following statemen	rees Disclosure Act, §§ 17-16a-1 et seq., Ut regarding my private business interests.	.C.A., 1953 as amended, I, the undersigned, (Type or print all information.)
	Erin Kill Pack Covered Person*	ASP Teacher	N/A
A.	Covered Person*	Position* or County Division	County Phone
	NA		
	Covered Person's County Address	1	
В.	Granite School Dist	rict	
	Outside institution, entity, private business or person	` \	
	Special Education	eacher	
	Describe covered person's status, employment or in	vestment in the outside institution, entity,	
	2500 South State	Street SLC U	T 385-16416-5000
	Outside institution, entity, business or person's addr		
C.	Describe below the nature of the assistance you are the nature of the economic interest or employmen between the business, institution, person, etc. and saccepted as valid unless this section is completed.) THAN AT PLENSOLV SPECIAL NEEDS	t you hold in the private business. Also	seary (This disclosure statement will not be
		Covered Person's Signature	ack
SU	BSCRIBED and SWORN to before me this 19	day of Lanuary	_, 20 <u>.18</u> .
[S]	WENDY LEDBETTER Notary Public State of Utah My Commission Expires on: February 3, 2020 Comm. Number: 687239	NOTARY PUBLIC, Residi	
-	is statement is a public document. It must be file	d with the covered nerson's immediate s	unervisor, volunteer or community liaison,

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Un	inder the provisions of the County Officers and Employees Disclos nder penalties of perjury, make the following statement regarding	ure Act, §§ 17-16a-1 et seq. my private business interests	U.C.A., 1953 as amended, I, the undersigned, s. (Type or print all information.)
A.	Kulpe, fordon te	ACher 1* or County Division	County Phone
В.	Covered Person's County Address Grante School District Outside institution, entity, private business or person involved		
	Describe covered person's status, employment or investment in 8201 W 2700 S Magnay V Outside institution, entity, business or person's address and pho	T 84044	y, private business, or personal contract
C.	Describe below the nature of the assistance you are providing to the nature of the economic interest or employment you hold between the business, institution, person, etc. and Salt Lake Considered as valid unless this section is completed.) Teacher at Pleasav	in the private business. Als ounty. Use more sheets if no	o describe the relationship with or transaction ressary. (This disclosure statement will not be
		1 / 10 1	
	18	Covered Person's Signatu	10
SU	SUBSCRIBED and SWORN to before me this day of	Stofaen	Jodon Wordon
[S	NOTARY PUBLIC • STATE OF UTAH My Commission Expires July 1, 2021 COMMISSION NUMBER 695305	NOTARY PUBLIC, Res LUTATT County	State
di	This statement is a public document. It must be filed with the division director, department director or elected official, and the Giled every January, as long as the potential conflict persists.	covered person's immediate County Council, It must be	supervisor, volunteer or community liaison, filed when the potential conflict arises and re-

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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 private business interests. (Type or print all information.)

	Vicki Lewellyn	BSP/ASP TA	achere)	385-646-4972
A.	Covered Person*	Position* or	County Division	County Phone
	8 201 W . 2700 So . Covered Person's County Address	Magna, U	T 84044	
В.	Vicki Lewellyn — Outside institution, entity, private business	leasant Or	ren Elementan	X
	Outside institution, entity, private business	or person involved		O
	Describe covered person's status, employment	ent or investment in the o	utside institution, entity, private	business, or personal contract
	8201 W. 2700 So.	Magna UT	84044	
	Outside institution, entity, business or person	n's address and phone nu	imper	
C.	Describe below the nature of the assistance the nature of the economic interest or employment the business, institution, person, accepted as valid unless this section is considered. BSP - Help Student ASP > Help Lindu Homework (tc, and Salt Lake County.	Use more sheets if necessary. (the relationship with or transaction
SL	BSCRIBED and SWORN to before me this	25	Volu Lewell vered Person's Signature May, 20	yn 2.
			Du 100 10	rightle
	PHYLLIS WAECH		OTARY PUBLIC, Residing in	union
[S	Notary Public State of My Commission Expire January 28, 2020 Comm. Number: 687	on:	Salf Lake	State
di fil	is statement is a public document. It must vision director, department director or elector and every January, as long as the potential conception of the control of the con	a official, and the Count onflict persists.	y Council. Il musi de fueu whei	. the potential conjust arrive and

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.

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.) 201-842-5398 County Phone ASP (obrdinator Position* or County Division

Covered Person's County Address

Gutside institution, entity, private business or person involved

Coffee Shop Barista

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

Brews on 7th, 10600 S. 712 E. Sandy UT 84070 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.)

Rarista - I make coffer

Covered Person's Signature

SUBSCRIBED and SWORN to before me this 22 day of

CELESTE SORENSEN Notary Public State of Utah My Commission Expires on: February 11, 2018 Comm. Number: 674045

NOTARY PUBLIC, Residing in

County

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

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Un	der the provisions of the County Officers and Employees Disclosure Act, §§ 17-16a-1 et seq., U.C.A., 1953 as amended, I, the undersigned, ler penalties of perjury, make the following statement regarding my private business interests. (Type or print all information.)
A.	Kelly price After School Teacher
	3201 W. 2700 S. Magna, Ut.
	Dleasant Green Flementary Igranite School Dist-
B.	Dleasant Green Flementary / granite School DIST- Outside institution, entity, private business or person involved
	Tescribe covered person's status, employment or investment in the outside institution, entity, private business, or personal contract
	820 W. 2700 S. Magna, Ut. 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.) Telement at Pleasant Green Green and Salt Lake County.
	Kelly frice Covered Person's Signature
S	JBSCRIBED and SWORN to before me this 24th day of January, 2018.
	BROOKE CROMEENES NOTARY PUBLIC, Residing in Salt Lake COMMISSION NO. 684282 COMM. EXP. 08/01/2019 Broote Cromeened NOTARY PUBLIC, Residing in Salt Lake County State
7	his 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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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.	Anthony	Costales	Teacher		(7071344-4451
	Covered Person*		Position* or County D		County Phone
		S. Laha	St. SLC	84106	
	Covered Person's C	County Address	1 1	1	
B.	Crow	he gel	2001 disho	1	
	Outside institution,	entity, private business or	person involved	(
		teacher	√		
	Describe covered po		or investment in the outside inst	itution, entity, private busine	ess, or personal contract
	2500		est. sucil	1184113	
	Outside institution,	entity, business or person'	s address and phone number		
C.			ou are providing to the institution,		
	between the busine	ess, institution, person, etc.	yment you hold in the private but and Salt Lake County. Use more		
	accepted as valid i	inless this section is comp	leted.)	1 - 14	1
	Tea	eh Stud-	ents at kee	ins Jr th	94
					0
			2	- 6	
			Covered Pers	on's Signature	
			- 1		
SU.	BSCRIBED and SW	ORN to before me this	day of SouthWall	, 20 18.	
			Mallam	Hunsen 30205	: Highland dr
		MELISSA HANS	NOTARY PL	JBLIC, Residing in	THINIDI OIL.
		Notary Public – State Comm. No. 6955	19 C Salt 11	ike	Ut
[SE	AL]	My Commission Exp Jun 23, 2021	County	1	State
			The state of the s		

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Un un	Inder the provisions of the County Officers and Employees Disclosure Act, §§ 17-16a-1 et seq., U.C.A., 1953 as amended not penalties of perjury, make the following statement regarding my private business interests. (Type or print all informations)	d, I, the undersigned, mation.)
A.	Covered Person*) Covered Person* Position* or County Division	County Phone
В.	Outside institution, entity, private business or person involved - Substitution, entity, private business or person involved Describe covered person's status, employment or investment in the outside institution, entity, private business, or per	sonal contract
C.	Outside institution, entity, business or person's address and phone number Describe below the nature of the assistance you are providing to the institution, entity, private business or person name the nature of the economic interest or employment you hold in the private business. Also describe the relationship	red above, or describe
	between the business, institution, person, etc. and Salt Lake County. Use more sheets if necessary. (This disclosure accepted as valid unless this section is completed.) Welt with Students as guidance Counselor	statement will not be
	Covered Person's Signature	
SI	SUBSCRIBED and SWORN to before me this 70 day of Sanuary . 2018.	
[S	JOHNATHAN ORTIZ Notary Public - State of Utah Comm. No. 691215 My Commission Expires on Oct 10, 2020 SEAL] JOHNATHAN ORTIZ NOTARY PUBLIC, Residing in Solf Loke City County	V7 State
T	This statement is a public document. It must be filed with the covered person's immediate supervisor, volunteer o	r community liaison

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	nder the provisions of the County Officers and Employees Disclosure Act, §§ 17-16a-1 et seq., U.C.A., 1953 as amended, I, the undersigned, der penalties of perjury, make the following statement regarding my private business interests. (<i>Type or print all information</i> .)
Α.	Roger A. Quinonez Instructor 801-512-7722
	Covered Person* Position* or County Division County Phone
	3505 W. 3650S. NIVC, UT 84119
	Covered Person's County Address
В.	
	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 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.) The Students at letter the 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.)
	Covered Person's Signature
SU	BSCRIBED and SWORN to before me this 24 day of 29anuary, 2018.
	lemont Dava
18	JENNY DAVIS NOTARY PUBLIC, Residing in
	Notary Public • State of Utah Commission # 690855
	My Commission Expires County State
-	August 31, 2020
Thi	is statement is a public document. It must be filed with the covered person's immediate supervisor, volunteer or community liaison,

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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 r	regarding my private business interests. (Type or print	all information.)
A Kirsten Hendry	youth Services.	
Covered Person*	Position* or County Division	County Phone
Covered Person's County Address	1	
B. (Tamp 5 dust))	istical	
Outside institution, entity, private business or person i	involved	
Tencher		
	estment in the outside institution, entity, private busines	s, or personal contract
_250US State St		
Outside institution, entity, business or person's addres	ss and phone number	
the nature of the economic interest or employment y between the business, institution, person, etc. and Sal accepted as valid unless this section is completed.)	roviding to the institution, entity, private business or per- you hold in the private business. Also describe the rel lt Lake County. Use more sheets if necessary. (This dis	ationship with or transaction
reach students at	- rearns or High	
	Kinden He	ndu
	Covered Person's Signature	
SUBSCRIBED and SWORN to before me this 26	day of JANUARY, 2018.	
NOTARY PUBLIC	- James	
JOSHUA TRAWICK 698915	NOTARY PUBLIC, Residing in SACT	LAIZE
COMMISSION EXPIRES APRIL 22, 2020	SUMMIT	01
[SEAL] STATE OF UTAH	County	State
This statement is a public document. It must be filed w	with the covered person's immediate supervisor, volu	nteer or community liaison.

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

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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 statem	nent regarding my private business interests. (Type	e or print all information.)
A. STRYR Add Covered Person*	Position* or County Division	County Phone
B. Outside institution, entity, private business or per	district	
tencher		
Describe covered person's status, employment or 250 S STATE Outside institution, entity, business or person's ac	investment in the outside institution, entity, privated the state of t	te business, or personal contract
	nent you hold in the private business. Also described Salt Lake County. Use more sheets if necessary.	be the relationship with or transaction
	Gth	2
SUBSCRIBED and SWORN to before me this	Covered Person's Signature And Market 1, 20	13/
Notary Public VALENTINA GARIBAY Commission #891432 My Commission Expires October 15, 2020 State of Utah	NOTARY PUBLIC, Residing in County	State
This statement is a public document. It must be fil division director, department director or elected offic filed every January, as long as the potential conflict	led with the covered person's immediate supervi cial, and the County Council. It must be filed who	sor, volunteer or community liaison,

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Un	der penalties of perjury, make the following stat	mployees Disclosure Act, §§ 17-16a-1 et seq., U.C. tement regarding my private business interests. (Ty	pe or print all information.)
A.	Parker Hudson Covered Person*	Position* or County Division	County Phone
B	Outside institution, entity, private business or Teachy		
	Describe covered person's status, employment . 2500 S - 5tate Gae Outside institution, entity, business or person'		84/15
C.	the nature of the economic interest or emplo	ou are providing to the institution, entity, private buyment you hold in the private business. Also des and Salt Lake County. Use more sheets if necessaleted.) HS at Learns J	cribe the relationship with or transaction
		Covered Person's Signature	di_
SU	JBSCRIBED and SWORN to before me this	25th day of January.	2018.
[S	State of Utah Comm. No. 677611 My Comm. Expires Nov 29, 201	NØTARY PUBLIC, Residing SQ1+LQ16e County	in UT State

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

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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 private business interests. (Type or print all information.)

A.	LeahLaranie	Afterson teacher	
	Covered Person*	Position* or County Division	County Phone
В.	Outside institution, entity, private business or p	Services / Crimile	Salva disha
	801-763-7775	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	- Personal Commen
	Outside institution, entity, business or person's	address and phone number	
C.	the nature of the economic interest or employ between the business, institution, person, etc. a	are providing to the institution, entity, private bus ment you hold in the private business. Also descend Salt Lake County. Use more sheets if necessar ted.)	ribe the relationship with or transaction y. (This disclosure statement will not be
SU	CHARLES R OLSEN NOTARY PUBLIC - STATE OF UTAH COMMISSION NO. 684976 COMM. EXP. 09/15/2019	Covered Person's Signature 5th day of Covery, 2 NOTARY PUBLIC, Residing for Salt Lake County	old. Response

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	ier penalties of perjury, make the following state				print all injoi	rmation.)
A.	Jeff Hart Covered Person*	Tea	che Yarth.	Services	(County Phone
	Covered Person's County Address					
	Grante Scand District					
В.	Outside institution, entity, private business or pe	rson involved		W-90		
	tour her					
	Describe covered person's status, employment o	r investment in	the outside institution,	entity, private bu	usiness, or per	rsonal contract
	4040 W. Sams Blud	Ve zou	S 11T 84118			
	Outside institution, entity, business or person's a	ddress and pho	ne number	-		
C.	Describe below the nature of the assistance you the nature of the economic interest or employ between the business, institution, person, etc. as accepted as valid unless this section is completed.	nent you hold i nd Salt Lake Co	n the private business. ounty. Use more sheets	Also describe to	he relationshi	p with or transaction
			Covered Person's Si	gnature		
SUI	BSCRIBED and SWORN to before me this 1	3+c day of	January	8702.		1
			11	111		// X
[SE	AL] NOTARY PUBLIC MILAGROS SUJEY SMIT Commission No. 695259 Commission Expires MAY 31, 2021 STATE OF UTAM	н	NOTARY PURIC,	Residing in	yy s	HAM.
	न्यात व्याप राज्य नहीं प्रकार				U	
	s statement is a public document. It must be f					

7 filed every January, as long as the potential conflict persists.

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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 private business interests: (Type or print all information.) Youth Services County Phone 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 Outside institution, entity, business or person's address and phone number Describe below the nature of the assistance you are providing to the institution, entity, private business or person named above, or describe the nature of the economic interest or employment you hold in the private business. Also describe the relationship with or transaction between the business, institution, person, etc. and consequence accepted as valid unless this section is completed.)

TRUNCH STUDIENTS AT KEUVINS JY HIGH between the business, institution, person, etc. and Salt Lake County. Use more sheets if necessary. (This disclosure statement will not be Covered Person's Signature SUBSCRIBED and SWORN to before me this 24 DANIELLE M BROWN Notary Public State of Utah Comm. No. 679230 [SEAL] My Comm. Expires Sep 14, 2018

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

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

Un	der the provisions of the County Officers and Employees Disclosure Act, §§ 17-16a-1 et seq., U.C.A., 1953 as amended, I, the undersigned, der penalties of perjury, make the following statement regarding my private business interests. (Type or print all information.)
A.	Michele Christopher After School Program teacher N/A Covered Person* Position* or County Division County Phone
В.	Covered Person's County Address Pleasant Green Elementary Qvavite School Dist. Outside institution, entity, private business or person involved Kinderartea teacher Describe covered person's status, employment or investment in the outside institution, entity, private business, or personal contract
	8201 W 2700 S, Magna, UT 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.) TLACK KINDLYGATEN AT PLASANT Green Elem.
	Covered Person's Signature 1. 23rd day of January 2018.
[S	And the problem of Utah Rebecca Van Bibber Commission #695005 My Commission Expires Mey 22, 2021 Reduced Utah NOTARY PUBLIC, Residing in Salt Lake County State County
Th	is statement is a public document. It must be filed with the covered person's immediate supervisor, volunteer or community liaison, vision director, department director or elected official, and the County Council. It must be filed when the potential conflict arises and re-

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Un	der the provisions of the County Officers and Employees Disclosure Act, §§ 17-16a-1 et seq., U.C.A., 1953 as amended, I, the undersigned,
un	der penalties of perjury, make the following statement regarding my private business interests. (Type or print all information.)
A.	Jasen Woodheard Afterschool Teacher N/A Covered Person* Position* or County Division County Phone
	N/A
В.	Covered Person's County Address The land wite School Dist-
	Teacher
	Describe covered person's status, employment or investment in the outside institution, entity, private business, or personal contract
	SZOI W Z700 So Megya, Ut. 84044 385-646-4972 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.) Tellwar at Phasant Men Tellwar.
	Covered Person's Signature
SU	JBSCRIBED and SWORN to before me this 26 day of Vanuary, 2018.
[S	HAYDEE SORI NOTARY PUBLIC, Residing in COMMISSION# 682442 COMM. EXP. 04-01-2019 County State
T	his statement is a public document. It must be filed with the covered person's immediate supervisor, volunteer or community liaison

division director, department director or elected official, and the County Council. It must be filed when the potential conflict arises and refiled every January, as long as the potential conflict persists.

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Un	der the provisions of the County Officers and Employees Disclosure Act, §§ 17-16a-1 et seq., U.C.A., 1953 as amended, I, the undersigned, der penalties of perjury, make the following statement regarding my private business interests. (Type or print all information.)
A.	Jennianne Matautia-Vaai Teacher NA Covered Person* Position* or County Division County Phone
	3080 S. Vironcia Way SLC, UT 84119 Covered Person's County Address Pleasant Green Elementary Granite School District
В.	Outside institution, entity, private business or person involved TEACHEY (4th Grade) 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.) The work of the experiment will not be accepted as valid unless this section is completed.)
	Covaried Person's Signature RESCRIBED and SWORN to before me this 27 day of January
SU	JBSCRIBED and SWORN to before me this
	NOTARY PUBLIC JESSICA LUNA Commission No. 679967 Commission Expires NOTARY PUBLIC, Residing in Sult use
	OCTOBER 25, 2018 STATE OF UTAH County State
T	is statement is a public document. It must be filed with the covered person's immediate supervisor, volunteer or community liaison,

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Under the provisions of the County Officers and Employees Disclounder penalties of perjury, make the following statement regarding	osure Act, §§ 17-16a-1 et seq., l g my private business interests.	U.C.A., 1953 as ame (Type or print all i	ended, I, the undersigned, information.)
A VINGE DEAD E	dellater	801	1-573-304
Covered Person* Position	on* or County Division	1	County Phone
51073 (allowers	2, 401	dan	
Covered Person's County Address	-1	•	
B. WWW. HE SWOOL 121	St.		
Outside institution, entity, private business or person involved			
Teller			
Describe covered person's status, employment or investment i	n the outside institution, entity,	, private business, or	r personal contract
1500 3 STORTE SI	SLCIUI	84110)
Outside institution, entity, business or person's address and pl	none number		
Describe below the nature of the assistance you are providing the nature of the economic interest or employment you hold	to the institution, entity, private	e business or person	named above, or describe
between the business, institution, person, etc. and Salt Lake C	County. Use more sheets if nec	essary. (This disclos	sure statement will not be
accepted as valid unless this section is completed.)			
Alter sample chaso			
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teacher at copper t	zill< Klem		
tracher at woper t	11113 610111		
(0.0			
	Waltan		
	Covered Person's Signatur	·e	
SUBSCRIBED and SWORN to before me this 27th day of	Jahuaru	, 20 18.	
SUBSCRIBED and SWORN to before the tills 2 1 day of _	Jamorono		
	arlyttam	atou '	SOJO AFCV
HOLLY HARRINGTON NOTARY PUBLIC • STATE OF UTAN	NOTARY PUBLIC, Resid	ing in	
COMMISSION NO. 689900	Salt Lake	U-	t
[SEAL] COMM. EXP. 06/30/2020	County		State
Nagarana ya Marika atau kata atau atau atau atau atau at			

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Under the provisions of the County Officers and Employees Disclosuunder penalties of perjury, make the following statement regarding r	are Act, §§ 17-16a-1 et seq., U.C.A., 1953 as amended, I, the undersigned, ny private business interests. (<i>Type or print all information</i> .)
A fam thaton Af	* or County Division County Phone
3750 Franklin Ro Covered Person's County Address	l. Magna, Utak
B. Outside institution, entity, private business or person involved	en lary / granite school
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 pho	St, STC 01 84173
the nature of the economic interest or employment you hold in between the business, institution, person, etc. and Salt Lake Co	the institution, entity, private business or person named above, or describe in the private business. Also describe the relationship with or transaction unty. Use more sheets if necessary. (This disclosure statement will not be
Teach special need	ds students at
Copper Hills E	elem.
	Na oh to
	Covered Person's Signature
SUBSCRIBED and SWORN to before me this 26 day of	January .2019. 35055 8400 S
ANDREA G. SMITH Notary Public State of Utah My Commission Expires on: September 4, 2019	NOTARY PUBLIC, Residing in SLC Utar
[SEAL] Comm. Number: 685408	County State
This statement is a public document. It must be filed with the c	overed person's immediate supervisor, volunteer or community liaison,

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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 private business interests. (*Type or print all information*.)

A.	Covered Person*	After School Teacher Position* or County Division	County Phone
В.	Covered Person's County Address Copper Hills Eleme Outside institution, entity, private business or person inv	olved mit	
	Describe covered person's status, employment or investment of the status	South (385) 640	
C.	Describe below the nature of the assistance you are proven the nature of the economic interest or employment you between the business, institution, person, etc. and Salt Laccepted as valid unless this section is completed.) I as a special education of the control of the nature of the experience of the control of the nature of the natur	hold in the private business. Also describe the lake County. Use more sheets if necessary. (The	e relationship with or transaction is disclosure statement will not be
		Covered Person's Signature	justin
SU	MARKELL TAYLOR Notary Public - State of Utah Comm. No. 692361 My Commission Expires on Nov 21, 2020	10/10/1/	State

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	der the provisions of the County Officers and Employe fer penalties of perjury, make the following statement of				
A.	Jodie Uriarte	Position	ter School r County Division	Program	County Phone
	A S P Covered Person's County Address	•			
В.	Outside institution, entity, private business or person		1		
	Media/ Librar- Describe covered person's status, employment or inve	Stment in the	outside institution, entity	, private business	s, or personal contract
	7635 W. 3715 S. Outside institution, entity, business or person's address	M q q 1	70, Ut 890	44	
C. Describe below the nature of the assistance you are providing to the institution, entity, private business or person named above, or describe nature of the economic interest or employment you hold in the private business. Also describe the relationship with or transactive between the business, institution, person, etc. and Salt Lake County. Use more sheets if necessary. (This disclosure statement will not accepted as valid unless this section is completed.)					
		ō	overed berson's Signatur	Lhi	arte
SU	BSCRIBED and SWORN to before me this	day of	Louary	, 20 <u>_18</u> .	
I.C.	WENDY LEDBETTER Notary Public State of Utah My Commission Expires on: February 3, 2020	_	Wandy Li OTARY PUBLIC Resid Salt Lake	-	ulah
•	is statement is a public document. It must be filed		ounty	supervisor volu	State
111	is statement is a parine abcument. It must be fucu t	THE COTE	- peratri s introdutire		

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Colonia

SUBSCRIBED and SWORN to before me this

PHYLLIS WAECHTLER Notary Public State of Utah

My Commission Expires on: January 28, 2020 Comm. Number: 687246 day of

huller.

NOTARY PUBLIC, Residing in

Covered Person's Signature

County

State

[SEAL]

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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.) Covered Person's County Address s status, employment or investment in the outside institution, entity, private business, or personal contract erson'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.) SUBSCRIBED and SWORN to before me this ANDREA G. SMITH

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County

Notary Public State of Utah My Commission Expires on: September 4, 2019 Comm. Number: 685408

[SEAL]

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State