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

Mayor or Designee approval:

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

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

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

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





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

February 23, 2018

To: Salt Lake County Council

From: Seth Jarvis, Clark Planetarium

Re: Request for Consent

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

Jonathan Barnes

CiCi Compton

Jordan Hansen

Rees Petersen

Kent Rominger

Allison Thompson

Kim Wilson

Thank you,

Seth Jarvis, Director

Clark Planetarium

Extension 81234

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

Under the provisions of the County Officers and Employees Disclosure Act, §§ 17-16a-1 et seq., U.C.A., 1953 as amended, I, the undersigned, under penalties of perjury, make the following statement regarding my personal or business interest. (Type or print all information.) A. Jonathan Barnes Clark Planetarium Advisory Board 801-255-1067 Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone 1201 E. 8725 S., Sandy, UT 84094 Covered Person's County Address/Volunteer's Address B. It I Technical Solutions, LLC
Outside institution, entity, private business or person in which the Covered Person has a personal or business interest for which disclosure is required in the above section Covered person's status, relationship or commitment to the institution, entity, business or person named above PO Box 802 Sandy UT 84091
Address and phone number of the institution, entity, business or person named above C. Select the category that applies to yourself and the outside institution, entity, business or person identified in subsection (B) above: I receive or have agreed to receive compensation for assisting a person or business entity in a transaction involving Salt Lake County. | I am an officer, director, agent, employee or the owner of a substantial interest in a business entity that is subject to the regulation of Salt Lake County. I am an officer, director, agent, employee or owner of a substantial interest in a business entity that does or anticipates doing business with Salt Lake County. I hold an investment or other financial interest that creates a potential or actual conflict with my public duties. I hold a personal interest that creates a potential or actual conflict with my public duties. D. Give a detailed description of the actual or potential conflicts of interest identified above, i.e., the nature of the relationship of each business entity or person with the County. Use more sheets if necessary. (This disclosure statement will not be accepted as valid unless this section is completed.) J&J Technical has a business license for Salt Lake County and is under its regulations. It I does not have business directly with the county at this time. SUBSCRIBED and SWORN to before me this 8th day of FEBRUARY , 2018 MELBA E TAYLOR Notary Public, State of Utah Commission # 682077

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

My Commission Expires March 18, 2019

[SEAL]

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

Under the provisions of the County Officers and Employees Disclosure Act, §§ 17-16a-1 et seq., U.C.A., 1953 as amended, I, the undersigned, under penalties of perjury, make the following statement regarding my personal or business interest. (Type or print all information.) A. Jordan Hansen Clark Planetarium Board 801-455-5887
Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone 7 Cave Hollow Ct. Farmington, VT 84025 Covered Person's County Address/Volunteer's Address B. Moreton Asset Management
Outside institution, entity, private business or person in which the Covered Person has a personal or business interest for which disclosure is required in the above section Managing Partner / Chief Invistment Officer.

Covered person's status, relationship or commitment to the institution, entity, business or person named above 1015. 200 F., Suite 300, Salt Lake City, UT 8411 Address and phone number of the institution, entity, business or person named above C. Select the category that applies to yourself and the outside institution, entity, business or person identified in subsection (B) above: I receive or have agreed to receive compensation for assisting a person or business entity in a transaction involving Salt Lake County. I am an officer, director, agent, employee or the owner of a substantial interest in a business entity that is subject to the regulation of Salt Lake County. I am an officer, director, agent, employee or owner of a substantial interest in a business entity that does or anticipates doing business with Salt Lake County. I hold an investment or other financial interest that creates a potential or actual conflict with my public duties. I hold a personal interest that creates a potential or actual conflict with my public duties. D. Give a detailed description of the actual or potential conflicts of interest identified above, i.e., the nature of the relationship of each business entity or person with the County. Use more sheets if necessary. (This disclosure statement will not be accepted as valid unless this section is completed.) Moreton Asset Management provides investment advisory services to Salt Lake County, we invest a portion of the county's reserve funds for a flat fee. Our firm works with Wayne Cushing ( country Treasurer) and has been working with the county since 2015. Moreton Asset Management is a Certified Invistment Advisor with the state of Utah and provides services to over 40 Utah municipalities. The my relationship with Salt Lake county was disclosed prior to joining the Clark Planetarum board. I am Partner's Moreton Asset management and am a minority owner in the company, **Notary Public State of Utah** Comm. Exp.: Feb. 8, 2021 Comm. Number: 693494

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

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

3

Α.	REES PETERSEN CLARK PLANETARIUM BOARD MEMBER 801-243-139
	Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone
	2820 E. CRAIG DR. SLC, UT 84109
	Covered Person's County Address/Volunteer's Address
В.	
	Outside institution, entity, private business or person in which the Covered Person has a personal or business interest for which disclosure is required in the above section  EMPLOYEE  SR. V.P. REUSONAL INVESTMENT MANAGER
	Covered person's status, relationship or commitment to the institution, entity, business or person named above
	299 S. MAIN STREET, 7TH FLOOR, SLC, UT 84111 385-415-7887
	299 S. MAIN STREET, 7TH FLOOR, SLC, UT 84111 385-415-7887 Address and phone number of the institution, entity, business or person named above
C.	Select the category that applies to yourself and the outside institution, entity, business or person identified in subsection (B) above:
	I receive or have agreed to receive compensation for assisting a person or business entity in a transaction involving Salt Lake County.
D.	entity or person with the County. Use more sheets if necessary. (This disclosure statement will not be accepted as valid unless this section
	is completed.)
	Covered Person's Signature
SI	JBSCRIBED and SWORN to before me this 16 <sup>TH</sup> day of FEBRUARY ), 2018.
30	Joseph Bed and S WORN to before the this day of
[S]	NOTARY PUBLIC MARIA ANGELA RAVARINO 691556 COMMISSION EXPIRES SEPTEMBER 26, 2020 STATE OF UTAH  NOTARY PUBLIC, Residing in  SALL LAKE VI  County State

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

Under the provisions of the County Officers and Employees Disclosure Act, §§ 17-16a-1 et seq., U.C.A., 1953 as amended, I, the undersigned, under penalties of perjury, make the following statement regarding my personal or business interest. (Type or print all information.) Position, or County Division for which you are employed or volunteering 2714 Bridgeport Covered Person's County Address/Volunteer's Address B Outside institution, entity, private business or person in which the Covered Person has a personal or business interest for which disclosure is required in the above section Covered person's status, relationship or commitment to the institution, entity, business or person named above Address and phone number of the institution, entity, business or person named above C. Select the category that applies to yourself and the outside institution, entity, business or person identified in subsection (B) above: I receive or have agreed to receive compensation for assisting a person or business entity in a transaction involving Salt Lake County. I am an officer, director, agent, employee or the owner of a substantial interest in a business entity that is subject to the regulation of Salt Lake County. I am an officer, director, agent, employee or owner of a substantial interest in a business entity that does or anticipates doing business with Salt Lake County. I hold an investment or other financial interest that creates a potential or actual conflict with my public duties. I hold a personal interest that creates a potential or actual conflict with my public duties. D. Give a detailed description of the actual or potential conflicts of interest identified above, i.e., the nature of the relationship of each business entity or person with the County. Use more sheets if necessary. (This disclosure statement will not be accepted as valid unless this section is completed.) NONE Covered Person's Signature SUBSCRIBED and SWORN to before me this JESSICAA CHR STENSEN [SEAL]



#### SALT LAKE COUNTY VOLUNTEER CONTRACT

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

#### CONFIDENTIALITY:

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

#### RELEASE:

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

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

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

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

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

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

Ur un	Under the provisions of the County Officers and Employees Disclosure A under penalties of perjury, make the following statement regarding my personal control of the County Officers and Employees Disclosure A under penalties of perjury, make the following statement regarding my personal control of the County Officers and Employees Disclosure A under penalties of perjury, make the following statement regarding my penalties of perjury and the county Officers and Employees Disclosure A under penalties of perjury, make the following statement regarding my penalties of perjury and the county Officers and Employees Disclosure A under penalties of perjury and the county Officers and Employees Disclosure A under penalties of perjury and the county of the co	nct. §§ 17-16a-1 et seq., U.C.A., 1953 as amended, I, the undersigned, irsonal or business interest. (Type or print all information.)
	Covered Person Position, or County Division for which you 2378 E Blaine Ave 800 Covered Person's County Address/Volunteer's Address	are employed or volunteering County/Volunteer's Phone 3
В.	Outside institution, entity, private business or person in which the Co is required in the above section	vered Person has a personal or business interest for which disclosure
	Covered person's status, relationship or commitment to the institution	a. entity, business or person named above
	Address and phone number of the institution, entity, business or person	on named above
C.	2. Select the category that applies to yourself and the outside institution	n, entity, business or person identified in subsection (B) above:
	l receive or have agreed to receive compensation for assisting a	person or business entity in a transaction involving Salt Lake County.
	Salt Lake County.	
D.	<ol> <li>Give a detailed description of the actual or potential conflicts of intercentity or person with the County. Use more sheets if necessary. (The is completed.)</li> </ol>	est identified above, i.e., the nature of the relationship of each business is disclosure statement will not be accepted as valid unless this section
	None.	
	Cov	Cici)  Vered Person's Signature  Cici)
SU	UBSCRIBED and SWORN to before me this _/ day ofday	20_18.
	NO	TARY PUBLIC, Residing in
[S]	SEAL] Con	State State

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

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

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

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

Ur un	der the provisions of the County Officers and Employees Disclosure Act, §§ 17-16a-1 et seq., U.C.A., 1953 as amended, I, the undersigned, der penalties of perjury, make the following statement regarding my personal or business interest. (Type or print all information.)
A.	Kim R. Milson Clark Hantsium 807-916-7000
	Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone
	Covered Person's County Address/Volunteer's Address
В.	Outside institution, entity, private business or person in which the Covered Person has a personal or business interest for which disclosure
	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.
	<ul> <li>I am an officer, director, agent, employee or the owner of a substantial interest in a business entity that is subject to the regulation of Salt Lake County.</li> <li>I am an officer, director, agent, employee or owner of a substantial interest in a business entity that does or anticipates doing business with Salt Lake County.</li> </ul>
	I hold an investment or other financial interest that creates a potential or actual conflict with my public duties.  I hold a personal interest that creates a potential or actual conflict with my public duties.
D.	Give a detailed description of the actual or potential conflicts of interest identified above, i.e., the nature of the relationship of each business entity or person with the County. Use more sheets if necessary. ( <i>This disclosure statement will not be accepted as valid unless this section is completed.</i> )
	Covered Person's Signature
SU	BSCRIBED and SWORN to before me thisday of
	NOTARY PUBLIC, Residing in
[S	[EAL] County State

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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)	

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 Action <sup>1</sup>	Review & Approve
Presenter(s)	NA
Time Needed <sup>2</sup>	5 Minutes
Time Sensitive <sup>3</sup>	No
Specific Time(s) <sup>4</sup>	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:

What you will ask the Council to do (e.g., discussion only, appropriate money, adopt policy/ordinance) – in specific terms.
 Assumed to be 10 minutes unless otherwise specified.
 Urgency that the topic to scheduled on the requested date.
 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

#### Aging & Adult Services Board Members

- Daniel Harris
- David Mendenhall
- Deb Mair
- Julie Larsen
- **Health Department Employees** 
  - Andrea Gamble (3 forms)
  - Dan Moore (2 forms)
  - Eric Michaels

#### 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

Regards,

Ina Landry
Department Assistant

Kimberly Dansie

Anya May

- Louis Miller
- Ronnie Daniel
- Tammy Pett
- Jorge Mendez
- Nancy Lucero
- Rachel Black
- Miranda Lavallee
- 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

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. ( <i>Type or print all information</i> .)
A. Paul Leggett Director SCCD AAS  Covered Person J Position, or County Division for which you are employed or volunteering County/Volunteer's Phone
2001 S. State Street, SCC, UT 84114-4575 Covered Person's County Address/Volunteer's Address
B. N4A - Nahional Association of Area Agencies on Agricus  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
Altunate Board Membor 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.
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.
<ul> <li>I hold a personal interest that creates a potential or actual conflict with my public duties.</li> <li>Give a detailed description of the actual or potential conflicts of interest identified above, i.e., the nature of the relationship of each business entity or person with the County. Use more sheets if necessary. (<i>This disclosure statement will not be accepted as valid unless this section is completed.</i>)</li> </ul>
I am an alternate board member for NUA. This is the
governing board for the National Association of Area Agordios on Aging. As an alternate I do not vote on governing
on Aging. As an alternate I do not vote on governing
boardissues.
Covered Person's Signature
SUBSCRIBED and SWORN to before me this &
SEAL]  ARLA M. VIVONA Notary Public State of Utah My Commission Expires on: September 10, 2018 Comm. Number: 678790  NOTARY PUBLIC, Residing in  NOTARY PUBLIC, Residing in  State  State



ARLA M. VIVONA

Motory Public State of Diese
My Commission Capitols on
Supplement 10, 2015

Committee of the control

(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. Preston Hutching Volunteer Services Program manager 305-460-3076

Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone 2001 5. State St. Swite SI-500 SLC, Ut. P4114
Covered Person's County Address/Volunteer's Address B. American (ombar 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 Covered person's status, relationship or commitment to the institution, entity, business or person named above 4867 S. 1900 W. Roy Ut. 79067 701-547-7475

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 mustial Arts bym in log Utah There is at Postential that a patron or county employee comes to they gam SUBSCRIBED and SWORN to before me this\_ ARLA M. VIVONA Notary Public State of Utah My Commission Expires on: [SEAL] September 10, 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 exists.

Comm. Number: 678790



ARLA M. VIVONA
Notory Public State of Utoh
My Commission Expires on:
Sentencian 10, 2018
Commission 10, 2018

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

	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, the penalties of perjury, make the following statement regarding my personal or business interest. ( <i>Type or print all information</i> .)
A.	Anya May Zumba Instructor (385) 468-3015  Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone
	Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone  3255 S. Beauler St. Will IT QUIII
	Covered Person's County Address/Volunteer's Address
В.	Outside institution, entity, private business or person in which the Covered Person has a personal or business interest for which disclosure
	is required in the above section
	Covered person's status, relationship or commitment to the institution, entity, business or person named above
	2600 C. State St. SLC. UT SHIII
	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.
D	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 contlid would be occasional schedule
	Conflicts with my regular full-time job that
	ocoasionally conflict with my Zumba
	conflicts with my regular Thus Tumber oceasionally conflict with my Zumber teaching schedule.
	( Vanya X/ aut
	Covered Person's Signature
SU	BSCRIBED and SWORN to before me thisday of February 20_8.
	- Will hur
	ANDREA YANG Notary Public • State of Utah
[SE	Commission # 689417 My Commission Expires  County  State
	hmo 8 2020



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,

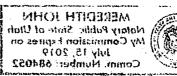
Paul Leggett

(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.) DANIEL HARIS COUNCIL FOR AGING, CHAIR

Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone 6975 UNION PARK GAR, #320 MIDVALE, UT 84047 Covered Person's County Address/Volunteer's Address Outside institution, entity, private business or person in which the Covered Person has a personal or business interest for which disclosure is required in the above section ADVOCACY DIRECTOR

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 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. 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.) WORK ON ADVOCACY ISSUES FOR AGING UTALING SUBSCRIBED and SWORN to before me this 151 day of February MEREDITH JOHN Notary Public State of Utah My Commission Expires on: July 15, 2019 Comm. Number: 684052 [SEAL]



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

Under under	the provisions of the County Officers and Employees Disclered penalties of perjury, make the following statement regarding	my pers	sonal or business interest. (Type	953 as amende or print all in	ed, I, the undersigned, iformation.)
		4121)	FOR ACTNG MEMBER  are employed or volunteering	385 County	Z10 9862 Volunteer's Phone
$\frac{1}{Cc}$	612 JOLLY CIRCLE TAYLOR overed Person's County Address/Volunteer's Address	•	1		
Οι	HOUSING AUTHORITY OF SAntside institution, entity, private business or person in which required in the above section	the Cove	AKE CITY ered Person has a personal or bu	siness interest	for which disclosure
Co	PROPERTY MANAGER - RENI	DON titution,	TERRACE entity, business or person name	d above	
	158 N. 600 VV. OFFICE				
	elect the category that applies to yourself and the outside ins			fied in subsect	tion (B) above:
	I receive or have agreed to receive compensation for assis				
	I am an officer, director, agent, employee or the owner of Salt Lake County.  I am an officer, director, agent, employee or owner of a st with Salt Lake County.  I hold an investment or other financial interest that create I hold a personal interest that creates a potential or actual	ubstantial	I interest in a business entity tha	t does or antici	
eı	tive a detailed description of the actual or potential conflicts on tity or person with the County. Use more sheets if necessar completed.)	y. (This	disclosure statement will not be	accepted as ve	alid unless this section
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1	PROJECTS AND PROPERTY	DEVE	ELOPMENI -		
			MAN	M	
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[SEAL	MEREDITH JOHN Notary Public State of Utah My Commission Expires on: July 15, 2019 Comm. Number: 684052	NOTA Society	Merching in /	M M U	tate

MEREDITH JOHN
Nothing Public State of Utah
My Commission Express on
July 15, 2019
Comm. Number: 684052

(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.) ion, or County Division for which you are employed or volunteering County/Volunteer's Phone 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.) Executive Director Utah Disability Center. SUBSCRIBED and SWORN to before me this MEREDITH JOHN Notary Public State of Utah Commission Expires on: July 15, 2019 Comm. Number 684052 [SEAL]

Debra A Mair Bornshive Director narrandist

MEREDITH JOHN
Notary Public Store of Utoh
My Commission Liquics on
July 15, 2019
Comm Number 684852

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

Un	der the provisions of the der penalties of perjury,	County Officers and Enmake the following state	nployees Disclosure ment regarding my	e Act, §§ 17-16a-1 personal or busine	et seq., U.C.A	, 1953 as amended, l	t, the undersigned, mation.)
A.	Julie	Carse ~			80	01-582-	1565 X2
	Covered Person	Position, or County D	Division for which y	ou are employed of	or volunteering	County/Vo	lunteer's Phone
	500	Foothill	Prive	SLC	UT	84118	
		ty Address/Volunteer's	Address			0-1712	
В.	VAMC						
	Outside institution, enti is required in the above	ty, private business or pe section	erson in which the (	Covered Person ha	s a personal or	business interest for	which disclosure
	So Ca ( Covered person's status	worker				, all	411111
	Covered person's status	, relationship or commit	ment to the instituti	on, entity, busines	ss or person na	med above	1,000
	500	Foothill	Drue Sc	ce UT			
	Address and phone num	ber of the institution, en	tity, business or per	rson named above			
C.	Select the category tha	t applies to yourself and	the outside institut	ion, entity, busines	s or person ide	entified in subsection	(B) above:
				1,000			
	I receive or have a	greed to receive compen	sation for assisting	a person or busines	ss entity in a tr	ansaction involving S	alt Lake County.
	Salt Lake County.  I am an officer, did with Salt Lake Co	rector, agent, employee ounty.	or owner of a substa	ntial interest in a b	usiness entity	that does or anticipate	
		ent or other financial inte				y public duties.	
	i noid a personai i	nterest that creates a pote	ential or actual con	flict with my publi	c duties.		
Э.	entity or person with the	tion of the actual or poter ne County. Use more sho	eets if necessary. (7	This disclosure stat	tement will not	be accepted as valid	unless this section
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	( ) ^	MEREDITH JOHN lotary Public State of L ly Commission Expires July 15, 2019	Jah on: N	Mercel OTARY PUBLIC	Residing in	John	<u></u>
SE	AL]	Comm. Number: 6840	- Company of the Comp	ounty	CC COV	State	



## SALT LAKE COUNTY DISCLOSURE STATEMENT

TO:

ALL SALT LAKE COUNTY OFFICERS, VOLUNTEERS, BOARD MEMBERS AND EMPLOYEES ("covered

persons"

FROM:

THE SALT LAKE COUNTY DISTRICT ATTORNEY'S OFFICE

SUBJECT: S

STATUTORY ETHICAL AND DISCLOSURE REQUIREMENTS

All Salt Lake County covered persons must understand and follow a Utah law that prohibits, or requires disclosure of, certain actual or potential conflicts of interest between public duties and private interests. The County Officers and Employees Disclosure Act (§§ 17-16a-1, et seq., U.C.A., 1953 as amended) and Salt Lake Countywide Policy 1430 set the following requirements:

#### PROHIBITED ACTS

A covered person may not:

- Disclose confidential information acquired by reason of the covered person's official position or use such information to secure special privileges or exemptions for the covered person or others;
- 2. Use or attempt to use the covered person's official position to secure special privileges for the covered person or for others; or
- Knowingly receive, accept, take, seek or solicit, directly or indirectly, any gift or loan for the covered person or for another, if the gift or loan tends to influence the covered person in the discharge of his/her official duties.

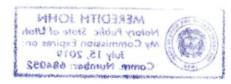
#### DISCLOSURE REQUIRED

A covered person is required to make a disclosure if he or she:

- A. Receives or agrees to receive compensation for assisting a person or business entity in a transaction involving Salt Lake County;
- B. Is an officer, director, agent, employee or the owner of a substantial interest in a business entity that is subject to the regulation of Salt Lake County;
- Is an officer, director, agent, employee or owner of a substantial interest in a business entity that does or anticipates doing business with Salt Lake County;
- Holds an investment or other financial interest that creates a potential or actual conflict between the interest and the covered person's public duties; or
- E. Hold some personal interest that creates a potential or actual conflict between the interest and the covered person's public duties.

All written disclosures must be sworn statements containing the information described above and be in a form similar to that on the reverse side of this document. All such statements are public records, open to public inspection. All disclosures must be made as follows: Orally in any meeting of a county agency, board or division where a transaction is discussed involving a matter in which the covered person has an interest, and in writing when the conflict first arises. The general written disclosure must also be filed in January of each year that the outside interest exists. The written disclosure is filed through the covered person's chain of command to the immediate supervisor, volunteer or community liaison, division director, department head or elected official, and county council.

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



Revised 10/17

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

Ur un	der the provisions of the County Officers and Employees Disclosure Act, §§ 17-16a-1 et seq., U.C.A., 1953 as amended, I, the undersigned, der penalties of perjury, make the following statement regarding my personal or business interest. ( <i>Type or print all information</i> .)
A.	Covered Person Position, or County Division for which you are employed or volunteeing County/Volunteer's Phone
	1748 Princeton Ave SLC UT 84108 Covered Person's County Address/Volunteer's Address
В.	Outside institution, entity, private business or person in which the Covered Person has a personal or business interest for which disclosure is required in the above section
	Covered person's status, relationship or commitment to the institution, entity, business or person named above
	2836 So. Redwool, Rd. WVC VT 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. ( <i>This disclosure statement will not be accepted as valid unless this section is completed.</i> )
	CNS is a non-profit agency providing home care services.
	Covered Person's Signature
SU	JBSCRIBED and SWORN to before me this
	MEREDITH JOHN Notary Public State of Utah My Commission Expires on: July 15, 2019 Comm. Number: 684052
[S	EAL] SaltLake County State

MEREDITH JOHN
Notary Public State of Utah
Any Commission Expires on
July 15, 2019
Contra. Number 63:4052

(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.)

U	inder the provisions of the County Officers and Employees Disclosure Act, §§ 17-16a-1 et seq., U.C.A., 1953 as amended, I, the undersigned, ander penalties of perjury, make the following statement regarding my personal or business interest. ( <i>Type or print all information</i> .)
A	Louis Miller Council on Aging Adult Services 801-503-89 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
В	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.
/A	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
	Feel Meller
	Covered Person's Signature
SU	UBSCRIBED and SWORN to before me this 131 day of February , 2018.
	MEREDITH JOHN Notary Public State of Utah NOTARY PUBLIC, Residing in
[S	EAL]  Notary Public, Residing in  Notary Public, Residing in  State  Notary Public, Residing in  South Lake County  State



# SALT LAKE COUNTY DISCLOSURE STATEMENT

TO:

ALL SALT LAKE COUNTY OFFICERS, VOLUNTEERS, BOARD MEMBERS AND EMPLOYEES ("covered

persons")

FROM:

THE SALT LAKE COUNTY DISTRICT ATTORNEY'S OFFICE

SUBJECT:

STATUTORY ETHICAL AND DISCLOSURE REQUIREMENTS

All Salt Lake County covered persons must understand and follow a Utah law that prohibits, or requires disclosure of, certain actual or potential conflicts of interest between public duties and private interests. The County Officers and Employees Disclosure Act (§§ 17-16a-1, et seq., U.C.A., 1953 as amended) and Salt Lake Countywide Policy 1430 set the following requirements:

#### PROHIBITED ACTS

A covered person may not:

- Disclose confidential information acquired by reason of the covered person's official position or use such information to secure special privileges or exemptions for the covered person or others;
- 2. Use or attempt to use the covered person's official position to secure special privileges for the covered person or for others; or
- Knowingly receive, accept, take, seek or solicit, directly or indirectly, any gift or loan for the covered person or for another, if the gift or loan tends to influence the covered person in the discharge of his/her official duties.

#### DISCLOSURE REQUIRED

A covered person is required to make a disclosure if he or she:

- A. Receives or agrees to receive compensation for assisting a person or business entity in a transaction involving Salt Lake County;
- B. Is an officer, director, agent, employee or the owner of a substantial interest in a business entity that is subject to the regulation of Salt Lake County;
- Is an officer, director, agent, employee or owner of a substantial interest in a business entity that does or anticipates doing business with Salt Lake County;
- Holds an investment or other financial interest that creates a potential or actual conflict between the interest and the covered person's public duties; or
- E. Hold some personal interest that creates a potential or actual conflict between the interest and the covered person's public duties.

All written disclosures must be sworn statements containing the information described above and be in a form similar to that on the reverse side of this document. All such statements are public records, open to public inspection. All disclosures must be made as follows: Orally in any meeting of a county agency, board or division where a transaction is discussed involving a matter in which the covered person has an interest, and in writing when the conflict first arises. The general written disclosure must also be filed in January of each year that the outside interest exists. The written disclosure is filed through the covered person's chain of command to the immediate supervisor, volunteer or community liaison, division director, department head or elected official, and county council.

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



Revised 10/17

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

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 Saltlake County Council for Aging 801-616-7948
Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone 3774 5- 3145 E. Saltlake 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 955 E- 46005. Suite (00, Self Lake (74, LT 24107)
Address and phone number of the institution, entity, business or person named above Select the category that applies to yourself and the outside institution, entity, business or person identified in subsection (B) above: I receive or have agreed to receive compensation for assisting a person or business entity in a transaction involving Salt Lake County. I am an officer, director, agent, employee or the owner of a substantial interest in a business entity that is subject to the regulation of Salt Lake County. I am an officer, director, agent, employee or owner of a substantial interest in a business entity that does or anticipates doing business with Salt Lake County. I hold an investment or other financial interest that creates a potential or actual conflict with my public duties. I hold a personal interest that creates a potential or actual conflict with my public duties. D. Give a detailed description of the actual or potential conflicts of interest identified above, i.e., the nature of the relationship of each business entity or person with the County. Use more sheets if necessary. (This disclosure statement will not be accepted as valid unless this section is completed.) The Alzheimei's Association anticipates potentially being 2 service provider to self-lake County SUBSCRIBED and SWORN to before me this MEREDITH JOHN Notary Public State of Utah Commission Expires on: July 15, 2019 Comm. Number: 684052 [SEAL

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

ur	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 ader 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 Large, 801-284- Covered Person Position, or County-Division for which you are employed or volunteering County/Volunteer's Phone
	1966 South 200 East, SLC, UT 84116 Covered Person's County Address/Volunteer's Address
В.	
	Outside institution, entity, private business or person in which the Covered Person has a personal or business interest for which disclosure is required in the above section
	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. ( <i>This disclosure statement will not be accepted as valid unless this section is completed.</i> )
	With SLCO Housing Authorty.
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	Covered Person's Signature
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	MEREDITH JOHN Notary Public State of Utah My Commission Expires on: NOTARY PUBLIC, Residing in
[SE	July 15, 2019 Comm. Number: 684052 SaltCake County UT
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Notary Public State of Utah
My Commission Lypines on
July 15, 2019
Comm Number, 684052



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.)

Α.	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		
В.	Salt Lake Community College		
	Outside institution, entity, private business or p	person involved	
	Adjunct Faculty		
	Describe county employee's position or invest	tment in the outside institution, entity, priv	ate busine ss, 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

JEANNINE MAXFIELD Notary Public State of Utah My Commission Expires on: July 17, 2018 Comm. Number: 678974

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JEANNINE MAXFIELD Notary Public State of Urah My Commission Expires on July 17, 2018 Comm Number 678974

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## 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.)

Α.	Andrea Gamble	Environmental Health	(385) 468-3817
	County Employee	Employed in (County Division)	County Phone
В.	788 East Woodoak Lane Murray, Utah 84107		
	Employee's Address		-
	Easy Food Handlers		
	Outside institution, entity, private business or	person involved	***************************************
	Instructor for Food Handlers and Servsafe Class		
	Describe county employee's position or invest	tment in the outside institution, entity, priva	ate busine ss, or personal contrac
	2268 South 2300 East Salt Lake City, Utah 8410	09	(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

UBLIC

SUBSCRIBED and SWORN to before me this

JEANNINE MAXFIELD

Notary Public State of Utah My Commission Expires on: July 17, 2018 Comm. Number: 678974

State



# 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*.)

Α.	Andrea Gamble	Environmental Health	(385) 468-3817
	County Employee	Employed in (County Division)	County Phone
В.	788 East Woodoak Lane Murray, Utah 84107		
	Employee's Address		
	University Park Marriott		
	Outside institution, entity, private business or p	person involved	
	Host		
	Describe county employee's position or invest	tment in the outside institution, entity, priva	ate busine ss, or personal contrac
	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 prov iding 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.)

In du

Employee Signature

SUBSCRIBED and SWORN to before me this 17

\_day of <u>bruary</u>

, 20\_/ 8.

JEANNINE MAXFIELD
Notary Public State of Utah
My Commission Expires on:
July 17, 2018
Comm. Number: 678974

[SEAL]

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JEANNINE MAXFIELD
Notory Public State of Utoh
My Commission Expires on:
July 17, 2018
Comm Number 678974



(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. Day 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 T88 t Woodoat Lane Murray, UT 84107

Covered Person's County Address/Volunteer's Address

B. Utah Recycling Atlance (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 choice section. 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 SUC, 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 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. entity or person with the County. Use more sheets if necessary. (This disclosure statement will not be accepted as valid unless this section is completed.) Covered Person's Signature SUBSCRIBED and SWORN to before me this day of day of NOTARY PUBLIC, Residing in **ASHLEY HALL** NOTARY PUBLIC -STATE OF UTAH My Comm. Exp April 28, 2020 Commission # 688785

[SEAL]

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

Under the provisions of the County Officers and Employees Disclosure Act, §§ 17-16a-1 et seq., U.C.A., 1953 as amended, I, the undersigned, under penalties of perjury, make the following statement regarding my personal or business interest. (Type or print all information.) A. 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, HT 84107 Covered Person's County Address/Volunteer's Address B. RESPRO 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.) Frod Safety Consultant, Secret Shopper Satisfaction Surveys and Trainer for various businesses.

NO consulting activities occur in conflict with SLCo HD

Rogulations or permits. SUBSCRIBED and SWORN to before me this \_\_\_\_\_day of \_\_\_\_ NOTARY PUBLIC, Residing in NOTARY PUBLIC -STATE OF UTAH My Comm. Exp April 28, 2020 Commission # 688785 [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 refiled every January, as long as the potential conflict exists.

(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 Super	visor	385-468-3906
	Covered Person	Position, or County Division for w	hich you are employed or volunteering	County/Volunteer's Phone
	788 E Woodoak La	ne Murray UT 84107		
	Covered Person's Count	ty Address/Volunteer's Address		
В.	Utah Recycling Allia			
			the Covered Person has a personal or busing	iness interest for which disclosure
	is required in the above	section		
	Board Member	1 1		-1
			stitution, entity, business or person named	above
		JT 84110 465-659-1117		
	Address and phone num	ber of the institution, entity, business	or person named above	
C.	Select the category that	t applies to yourself and the outside in	stitution, entity, business or person identifi	ied in subsection (B) above:
	I receive or have a	greed to receive compensation for ass	isting a person or business entity in a transa	ction involving Salt Lake County.
		-	of a substantial interest in a business entity	
	Salt Lake County.		or a substantial interest in a dusiness entity	mai is subject to the regulation of
			substantial interest in a business entity that	does or anticipates doing business
	with Salt Lake Con		tes a potential or actual conflict with my pu	iblic duties.
		nterest that creates a potential or actua		
D.	Give a detailed descript entity or person with the is completed.)	tion of the actual or potential conflicts ne County. Use more sheets if necessar	of interest identified above, i.e., the nature ary. (This disclosure statement will not be a	of the relationship of each business accepted as valid unless this section
	Board Member for	a non-profit whose mission is to	o promote and educate for Zero Wa	aste Culture through
	practices that prom	ioto rouco, rooyomig and roosa		
				6
			7/1	
			Covered Person's Signature	
		101	1	_
SU	BSCRIBED and SWORN	N to before me thisday of	January, 20 18	,
			NOTARY PUBLIC, Residing in	
[SI	EAL]		County	State
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This statement is a public document. It must be filed with the covered person's immediate supervisor, volunteer or community liaison, division director, department director or elected official, and the County Council. It must be filed when the potential conflict arises and refiled every January, as long as the potential conflict exists.

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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.	Jorge Mendez	Health Department/Envi	ronmental Health	801-694-0678
	Covered Person	Position, or County Division f	or which you are employed or volunteering	County/Volunteer's Phone
	788 E Woodoak Ln.			
	Covered Person's County	y Address/Volunteer's Address		
B.	Canyons School Dis			
	outside institution, entity is required in the above so		vhich the Covered Person has a personal or busin	ess interest for which disclosure
	Food handlers permi			<del></del>
			he institution, entity, business or person named a	bove
		dy, UT 84094 Phone number of the institution, entity, busing		
C.	Select the category that	applies to yourself and the outsi	de institution, entity, business or person identifie	d in subsection (B) above:
	I receive or have ag	reed to receive compensation for	r assisting a person or business entity in a transact	cion involving Salt Lake County.
	I am an officer, dire Salt Lake County.	ector, agent, employee or the ow	ner of a substantial interest in a business entity the	nat is subject to the regulation of
	I am an officer, dire		of a substantial interest in a business entity that do	oes or anticipates doing business
	with Salt Lake Cou	the state of the s	creates a potential or actual conflict with my pub	olic duties
			actual conflict with my public duties.	
D.			licts of interest identified above, i.e., the nature of cessary. (This disclosure statement will not be ac	
		o food handlers and mana mit and manager certificati	gers on safe food handling practices, hy on.	giene and health to obtain
,				
			Covered Person's Signature	•
SU	BSCRIBED and SWORN	to before me thisday	of January , 2018.	
			Schlus Hall	
		ASHLEY HALL	NOTARY PUBLIC, Residing in	
		TARY PUBLIC -STATE OF UTAH Ay Comm. Exp April 28, 2020	Saft Lake	Utah
[SE	AL]	Commission # 688785	County	State

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# SALT LAKE COUNTY DISCLOSURE STATEMENT

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## 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, Uta	h 84107	
Employee's Address		
Basy Food Handlers		
Outside institution, entity, private bu	siness or person involved	
Instructor for Food Handlers and Serv	rsafe Class	
Describe county employee's position	n or investment in the outside institution, entity	private busine ss, or personal contrac
2268 South 2300 East Salt Lake City,	Utah 84109	(435) 631-9942
Outside institution, entity, business	or person's address and phone number	
ricocssary. (This disclosure statem	ent will not be accepted as valid unless this s	ection is completed.)
JEANNINI	WORN to before me this	Employee Signature  2018.
	State of Utah	NOTARY PUBLIC, Residing in

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.

Lake Coun

July 17, 2018

Comm. Number: 678974

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A. Rachel Black	Health Department	(385) 468-3845
County Employee	Employed in (County Division)	County Phone
788 E Woodoak Lane, Murray, Utah 841	07	
Employee's Address		
Black EnvironmentalAsbestos Inspection	on Company	
Outside institution, entity, private busine	ess or person involved	7 8 cgs
Owner		
Describe county employee's position or	r investment in the outside institution, entity,	private busine ss, or personal contra
801-926-1858 Location: 1316 S 1175 E,	Clearfield, Utah 84015	
Outside institution, entity, business or p	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 \_

\_day of Sanuary

\_\_, 20<u>( &</u>.

JEANNINE MAXFIELD
Notary Public State of Utah
My Commission Expires on:
July 17, 2018
Comm. Number: 678974

NOTARY PUBLIC, Residing in

County

State

[SEAL]



# 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 (§§ 6716-1, 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:

- 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, angift 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 subapagraph (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 poteial 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 and 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, orboard member has an interest; and again in writing when the conflict arises. The general written disclosure must also be refiled 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.

Under the provisions of the County Officers and Employees Disclosure Act, §§ 17-16a-1 et seq., U.C.A., 1953 as amended, l, the undersigned under penalties of perjury, make the following statement regarding my private business interests. (Type or print all information.)
A. Janussa Wilson Youth Services Covered Person* Position* or County Division County Phone
Covered Person's County Address  B. Crambe 5 400
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.)  Thus Students at Lewis Williams Wi
Covered Person's Signature
SUBSCRIBED and SWORN to before me this 23 day of January , 2018.  NOTARY PUBLIC MARGARITA HERNANDEZ 695524 COMMISSION EXPIRES JUNE 06, 2021  OTHER PORT OF THE STATE OF THE ST
[SEAL] STATE OF 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 refiled 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.

	ler the provisions of the County Officers and Emplo er penalties of perjury, make the following statemen			
A.	Kelly Mayment	youth	Serves	
	Covered Person	Position* of County	Division '	County Phone
	Covered Person's County Address	Asl:	d	
В.	Outside institution, entity, private business or person	on involved	4	
	Describe covered person's status, employment or in	teacher	stitution antity private	husings or personal contract
	2500 S State			
	Outside institution, entity, business or person's add			
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 accepted as valid unless this section is completed.	nt you hold in the private Salt Lake County. Use mo	business. Also describe ore sheets if necessary. (	the relationship with or transaction This disclosure statement will not be
	Tell M Styd	ents at	Kearns	JrHigh
		h	rson's Signature	
CLIE	SSCRIBED and SWORN to before me this	1		
SUE	SCRIBED and SWORN to before the this	day of Gerricer	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<u>o</u> .
Consumption of the second	ANDREA YANG Notary Public • State of Uta Commission # 689417		POBLIC, Residing in	111010
[SE	My Commission Expires June 8, 2020	County	-lake V	State
<i>.</i>			la ima adiata amanda	

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.

\*"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.

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.) County Phone Covered Person's County Address Granite School 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.) reach students at Kearns Jr High SUBSCRIBED and SWORN to before me this 24 day of Jan **NOTARY PUBLIC** MARGARITA HERNANDEZ RY PUBLIC, Residing in

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

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.

695524 COMMISSION EXPIRES JUNE 06, 2021

STATE OF UTAH

[SEAL]

\*"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.

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.) County Phone Covered Person's County Address Outside institution, entity, private business or Describe covered person's status, employment or investment in the outside institution, entity, private business, or personal contract 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 SUBSCRIBED and SWORN to before me this Notary Public . State of Utah Commission # 693189 My Commission Expires February 1, 2021

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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	der the provisions of the County Officers and Employer penalties of perjury, make the following statement		
Α.	Brandi Brothers	Youth Segues	
	Covered Person*	Position* or County Division	County Phone
В.	Covered Person's County Address  Gran, H. Sand District  Outside institution, entity, private business or person  Learny  Describe covered person's status, employment or in		
	Outside institution, entity, business or person's addr	ess and phone number	
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.)  Teluch Students	t you hold in the private business. Also describe salt Lake County. Use more sheets if necessary. (	the relationship with or transaction (This disclosure statement will not be
SU	SSCRIBED and SWORN to before me this \(\sigma\)	Bond Front Covered Person's Signature  day of January 201	ers es
30.	CARMEN M OLNEY Notary Public State of Utah	NOTARY PUBLIC, Residing in	
ſSE	Comm No 684820	Seelt Lak?	State
TI.	and the state of t	with the covered new only immediate supervises	

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	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 <sup>th</sup> day of	1	20.13	
JBSCRIBED and SWORN to befor	e me this 18 <sup>th</sup> day of	1	20 18.	
	re me this 18 <sup>th</sup> 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 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 had been accepted as valid unless this section is completed.)	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
SE SE	My Commission Expires	County	State
-	June 8, 2020		3

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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		<b>Na</b>	**************************************	
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,

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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	
	4040 W Sans Blvd Keers 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 Klarns Ir High	
	Covered Person's Signature	
SU	SCRIBED and SWORN to before me this /8 day of January , 20 18.	
	and fallet	
	JANET ROBERTS NOTARY PUBLIC, Residing in	
[SE	L] 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 on 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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Uni	the provisions of the County Officers and Employees Disclosure Act, §§ 17-16a-1 et seq., U.C.A., 1953 as amended, I, the undersigned, or 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 Lores Ct West Valley City, W 84				
В.	Covered Person's County Address  A County Address  DISTRICT				
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, M. 34044 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 WIK as a Result Ce feather				
	for H-le grade students.				
	Cassic Jish				
	Cassie Fish				
	Covered Person's Signature				
SU	BSCRIBED and SWORN to before me this 19 day of anuary , 2018.				
	BUFFY WALTERS BUFFY WALTERS				
1	Notary Public NOTARY PUBLIC Residing in				
	State of Utah State of Utah				
SI	Comm. No. 676359  My Comm. Expires Apr 30, 2018  County  State				
Th	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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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 accepted 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	der the provisions of the County Officers and Employees I der penalties of perjury, make the following statement rega	Disclosure Act, §§ 17-16a-1 et seq. arding my private business interests	, U.C.A., 1953 as amended, I, the undersigned, s. ( <i>Type or print all information</i> .)
A.	Kulee, fordon	Teacher Position* or County Division	County Phone
В.	Covered Person's County Address  Grante School District  Outside institution, entity, private business or person invited Cher  Describe covered person's status, employment or investment		y, private business, or personal contract
	9201 W- 2700 S- Magna Outside institution, entity, business or person's address a	, VT 84044	
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.)  Teacher at Pleas	n hold in the private business. Als take County. Use more sheets if no	o describe the relationship with or transaction ecessary. (This disclosure statement will not be
		VIN 1 8	Charlous
SU	BSCRIBED and SWORN to before me this da	Covered Person's Signatury of	
	GRETCHEN F GORDON NOTARY PUBLIC • STATE OF UTAL My Commission Expires July 1, 2021 COMMISSION NUMBER 695305  dis statement is a public document. It must be filed with	County  the covered person's immediate	State  State  Supervisor, volunteer or community liaison,
di	is statement is a public document. It must be filed wit vision director, department director or elected official, an ed every January, as long as the potential conflict persis	id the County Council. It must be	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,

une	der the provisions of the County Officers and Employees Buctosian 1973, 33 der penalties of perjury, make the following statement regarding my private business interests. (Type or print all information.)
A.	VICK Lewellyn BSP ASP Teacher 385-646-4972 Covered Person* Position* or County Division County Phone
В.	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
C.	and the institution entity private business or person pamed above, or describe
[S	Covered Person's Signature  Covered Person's Signature  August 100 100 100 100 100 100 100 100 100 10
di	his 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- led 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.) 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

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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,

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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 gd	2001 disho	1		
	Outside institution,	entity, private business or	person involved	(		
		teacher	Ý			
	Describe covered po		or investment in the outside inst	itution, entity, private busine	ess, or personal contract	
	2500		est. SLCIL	1184117		
	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.	syment you hold in the private but, and Salt Lake County. Use more			
	accepted as valid i	inless this section is comp	leted.)	1 - 1'h	1	
	Tea	eh Stud-	ents at kee	irns Jr til	94	
					0	
			2	- 4		
			Covered Pers	on's Signature		
			- 1			
SU.	SUBSCRIBED and SWORN to before me this 24 day of January , 2018.					
			Mellow	HUNDEN 3620S	: Highland dr	
		MELISSA HANS	NOTARY PL	BLIC, Residing in	THUTPI OIL.	
		Notary Public – State Comm. No. 6955	Sal+11	Ke	Ut	
[SE	AL]	My Commission Exp Jun 23, 2021	County County		State	
			Section of the last of the las			

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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	personal 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 to	named above, or describe
	the nature of the economic interest or employment you hold in the private business. Also describe the relation between the business, institution, person, etc. and Salt Lake County. Use more sheets if necessary. (This discloss accepted as valid unless this section is completed.)  Welt with Students as guidance County County County.	
	Covered Person's Signature	
St	JOHNATHAN ORTIZ Notary Public - State of Utah  JOHNATHAN ORTIZ NoTARY Public - Residing in	
[S	Notary Public - State of Utah Comm. No. 691215 My Commission Expires on Oct 10, 2020  NoTARY Public C. Residing in  Self Lake City County	V7 State
T	his statement is a public document. It must be filed with the covered person's immediate supervisor, volunted	er or 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,

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 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,

\*"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.

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

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,

	ter penalties of perjury, make the following states				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	3+c day of	January	8702.		1
			11	111		// <b>X</b>
[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 प्रयान प्रथम				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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<sup>\*&</sup>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   Qvanite School Dist.  Outside institution, entity, private business or person involved  Kindergarten 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.)  That is a superior of the assistance you are providing to the institution, entity, private business or person named above, or describe the nature of 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.)  That is a superior of the assistance you are providing to the institution, entity, private business or person named above, or describe the nature of the relationship with or transaction between the business. Also describe the relationship with or transaction between the business. Also describe the relationship with or transaction between the business. Also describe the relationship with or transaction between the business. Also describe the relationship with or transaction between the business. Also describe the relationship with or transaction between the business of person person named above, or describe the nature of the relationship with or transaction between the private business. Also describe the relationship with or transaction between the private business. Also describe the relationship with or transaction between the private business. Also describe the relationship with or transaction between the private business.
	Covered Person's Signature
SU	BSCRIBED and SWORN to before me this 23rd day of January , 2018.
•	Rebecca Van Bibber Commission #695005 My Commission Expires Mey 22, 2021  As statement is a public document. It must be filed with the covered person's immediate supervisor, volunteer or community liaison,
1 h	us statement is a public accument. It must be filed with the covered person's immediate supervisor, volumeet o Vision 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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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	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.)
Α.	Jennianne Matautia-Vaai Teacher NA Covered Person* Position* or County Division County Phone
В.	3080 S. Vironcia Way SLC, UT 84119  Covered Person's County Address  Pleasant Green Elementary   Granite School District  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  820   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.)  THE SAUTH WHEN ELEM - 4HM GMACE
	Covered Person's Signature
SU	BSCRIBED and SWORN to before me this 27 day of Landary . 20 18.
[S	NOTARY PUBLIC JESSICA LUNA Commission No. 679967 Commission Expires OCTOBER 25, 2018 STATE OF UTAH  NOTARY PUBLIC, Residing in  Sult are County State
Ti	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 Discl under penalties of perjury, make the following statement regardin	losure Act, §§ 17-16a-1 et seq. ng my private business interest	., U.C.A., 1953 as an s. ( <i>Type or print all</i>	nended, I, the undersign information.)	ied,
A VICKUR DRAIN E	Edellator	80	1-573-6	BOK
Covered Person* Posit	tion* or County Division	1.	County Phone	
51073 (all stang	2,40	rolan		
Covered Person's County Address	-1.			
B. Manife School DI	St.		****	
Outside Institution, entity, private business or person involved	ed			
- Cucher				
Describe covered person's status, employment or investment	in the outside institution, entit	y, private business,	or personal contract	
Outside institution, entity, business or person's address and p	phone number	8911	J	
			1.1	
<li>Describe below the nature of the assistance you are providing the nature of the economic interest or employment you hole</li>	ld in the private business. Als	so describe the relati	onship with or transact	tion
between the business, institution, person, etc. and Salt Lake accepted as valid unless this section is completed.)	County. Use more sheets if no	ecessary. (This discl	osure statement will not	t be
The section is completed.)				
After sends these				
· (	1-11			
teacher at copper t	Hills Elem			
Teamer at corpor	(111)			
•	(1/6)			
	Yazan			
	Covered Person's Signatu	ure		
SUBSCRIBED and SWORN to before me this 27th day of	January	, 20_18		
	M. 1 1 1	otali	COLO NECIL	
HOLLY HARRINGTON	NOTARY PUBLIC, Res	iglour	50JU #1 W	
NOTARY PUBLIC • STATE OF UTAN COMMISSION NO. 689900	Salt Lake		)t	
SEAL] COMM. EXP. 06/36/2020	County	U	State	
	strengtiers ≠			

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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 5
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	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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<sup>\*&</sup>quot;Position" refers to any Salt Lake County office, appointment, employment, or uncompensated volunteer situation as described in the definition of "covered person."

	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]

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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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