

8.1

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

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

A. Stuart Graves Claims Coordinator / D.A. 385-468-7777  
Covered Person\* Position\* or County Division County Phone

2001 S. State St. #53-600  
Covered Person's County Address

B. Salt Lake Magazine  
Outside institution, entity, private business or person involved

Temporary position - photographer/reporter - Sundance  
Describe covered person's status, employment or investment in the outside institution, entity, private business, or personal contract

515 S. 700 E. Salt Lake City, UT 84102 801-485-5100  
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.)

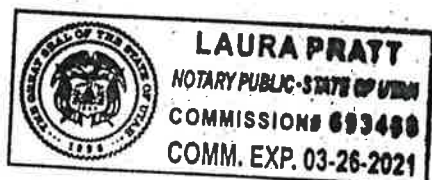
Stuart Graves  
Covered Person's Signature

SUBSCRIBED and SWORN to before me this 10<sup>th</sup> day of January, 2018.

Laura S. Pratt  
NOTARY PUBLIC, Residing in

Salt Lake UT  
County State

[SEAL]



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

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

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

*[Handwritten signature]*

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

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

A. 

Derek Anthony Martinez	Tax Care Specialist / Treasurer's Office	385-468-8317
Covered Person*	Position* or County Division	County Phone

2001 South State Street #N1-200, Salt Lake City UT 84114-4575

Covered Person's County Address

B. 

Saint Patrick Catholic Church, LLC Series #241
Outside Institution, entity, private business or person involved

Employed as part time Director of Religious Education and Youth Ministry

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

1058 West 400 South, Salt Lake City UT 84104

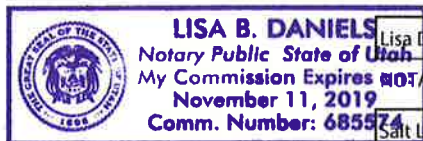
Outside institution, entity, business or person's address and phone number

- 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 facilitate all services for the Religious Education and Youth Ministry programs for the parish. I supervise 20+ volunteers that serve the programs. Provide instruction, mentoring, and supervision over children age 5-18. Ensure that appropriate age level religious formation is provided and accessible. Monitor annual budgets, fundraising and private donations for programs. Serve as representative of Pastor to program participants, and represent programs on all committees and councils. Facilitate monthly meetings for operations of programs. Seek out and coordinate service opportunities for youth.

  
Covered Person's Signature

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



Lisa Daniels



My Commission Expires November 11, 2019  
Comm. Number: 685574

Salt Lake County, Utah

County

State

[SEAL]

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

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

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



# SALT LAKE COUNTY DISCLOSURE STATEMENT

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

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

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

A. Sam Klemm County Council Office (385) 468-7452

County Employee Employed in (County Division) County Phone

County Government Center, Suite N2-200, 2001 South State Street, Salt Lake City, UT 84190-1010

Employee's Address

B. Continuum of Care for the Homeless

Outside institution, entity, private business or person involved

Board Member

Describe county employee's position or investment in the outside institution, entity, private business, or personal contract  
ashleybarkertolman@gmail.com -- Board Staff Person Ashley Barker Toleman

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

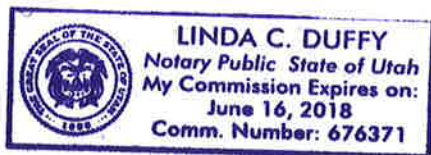
C. Describe below the nature of the assistance you are providing to the institution, entity, private business or person named above, or describe the nature of the economic interest or employment you hold in the private business. Also describe the relationship with, or transaction between, the business, 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 Continuum of Care for the Homeless is an organization required by federal regulation for our area to receive federal funds for the care of homeless persons. The Continuum's membership is composed interested representatives from government, private business, and homeless or formerly homeless persons. The Continuum has a Memorandum of Understanding with Salt Lake County as the Collaborative Applicant to provide much of the staff work in selecting federal grant recipients within Salt Lake County.

*Sam W. Klemm*

Employee Signature

SUBSCRIBED and SWORN to before me this 18th day of January, 2018.



[SEAL]

*Linda C. Duffy*

NOTARY PUBLIC, Residing in

*Salt Lake*

County

*Utah*

State

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

8.4



# SALT LAKE COUNTY DISCLOSURE STATEMENT

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

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

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

A. Richard Jaussi County Council (385) 468-7458  
County Employee Employed in (County Division) County Phone  
1788 N 2050 W Provo UT 84604  
Employee's Address

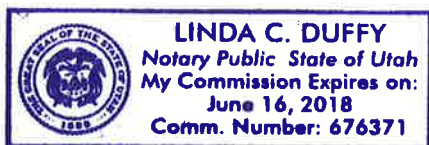
B. University of Phoenix, Brigham Young University, KADT LLC, RJ Political, Ballot Access Utah  
Outside institution, entity, private business or person involved  
Adjunct Faculty, Replay Official, Owner (Rental Home in Orem), Owner of political group, Board member  
Describe county employee's position 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.)


I am an adjunct at University of Phoenix teaching Business, Political Science, and general ed courses. I work football/basketball games on the sideline for replay purposes. I own a rental home in Orem. I consult with political candidates and office holders. Ballot Access is an organization committed to helping candidates get on the ballot. None of these transact with Salt Lake County not are regulated by Salt Lake County.

  
Employee Signature

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



[SEAL]

  
NOTARY PUBLIC, Residing in  
Salt Lake Utah  
County State

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

8.5

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

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

A. Shannon Condie Temp # 88326  
Covered Person\* Position\* of County Division County Phone  
2001 S. State Street  
Covered Person's County Address  
B. Salt Lake City School District  
Outside institution, entity, private business or person involved  
Volunteer  
Describe covered person's status, employment or investment in the outside institution, entity, private business, or personal contract  
4410 East 100 S. JLC 894111  
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.)

Student reading volunteer

Shannon Condie  
Covered Person's Signature

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



Lisa B. Daniels  
NOTARY PUBLIC, Residing in  
Davis 1/22/18  
County State

[SEAL]

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

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

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

8.6

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

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

A. Jane Chen-King Accountant SLCO Treasurer 88321  
Covered Person\* Position\* or County Division County Phone

N1200

Covered Person's County Address

B. 148 R Block  
Outside institution, entity, private business or person involved

Parttime work from January - April 2018

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

3390 S 5600 W West Valley City, UT 84120 801-964-5864

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.)

Prepare 1040 and all schedules as necessary.  
Tax planning with clients

Jane Chen-King  
Covered Person's Signature

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



Lisa B. Daniels  
NOTARY PUBLIC, Residing in  
Louis UT  
County State

[SEAL]

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

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

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

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

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

A. Jolynn Potter Treasurer  
 Covered Person\* Position\* or County Division County Phone  
4811 Bayport Way Taylorsville 2001 S State St # N1-200  
 Covered Person's County Address  
 B. Superior Water & Air  
 Outside institution, entity, private business or person involved  
employment  
 Describe covered person's status, employment or investment in the outside institution, entity, private business, or personal contract  
3536 S 1950 W West Valley City, UT 84119  
 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.)

Selling softwater systems to Costco members

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

Jolynn Potter  
 Covered Person's Signature



**LISA B. DANIELS**  
 Notary Public State of Utah  
 My Commission Expires on:  
 November 11, 2019  
 Comm. Number: 685574

Lisa B. Daniels  
 NOTARY PUBLIC, Residing in  
Davis  
 County State

[SEAL]

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

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

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

**DISCLOSURE OF PERSONAL OR FINANCIAL INTEREST**

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

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

A. JIM BRADLEY SLCO COUNCIL 801-518-7600  
Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone

2001 So State St. N2-200 SLC UT 84114  
Covered Person's County Address/Volunteer's Address

B. 15th Street Bakery  
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

AN OFFICER AND SLEEP WITH OWNER.  
Covered person's status, relationship or commitment to the institution, entity, business or person named above

1519 So. 1500 East SLC, UT, 84105  
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.)*

Jim Bradley  
Covered Person's Signature

SUBSCRIBED and SWORN to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC, Residing in

[SEAL]

\_\_\_\_\_  
County

\_\_\_\_\_  
State

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