## 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. Antigone Carlson	Contracts Manage, Contracts & Procurement	385-468-0310
Covered Person	Position, or County Division for which you are employed or volunteering	County/Volunteer's Phone
2001 S State Street S	te. N4-600 SLC, UT 84190	
Covered Person's Cour	nty Address/Volunteer's Address	
B. Salt Lake County El	ection Division	
	ity, private business or person in which the Covered Person has a personal or businessection	ness interest for which disclosure
Contractor		
Covered person's statu	s, relationship or commitment to the institution, entity, business or person named	above
2001 S State Street	Ste. S1-200 SLC, UT 84190 385-468-7400	
Address and phone nur	nber of the institution, entity, business or person named above	
C. Select the category th	at applies to yourself and the outside institution, entity, business or person identifi	ad in subsection (R) above:
_		
	agreed to receive compensation for assisting a person or business entity in a transaction of the compensation of a substantial interest in the compensation of a	
Lake County.	irector, agent, employee or the owner of a substantial interest in a business entity	that is subject to the regulation of Sa.
•	irector, agent, employee or owner of a substantial interest in a business entity that of.	does or anticipates doing business wi
	nent or other financial interest that creates a potential or actual conflict with my pu interest that creates a potential or actual conflict with my public duties.	blic duties.
None of the abov	re categories apply.	
	ption of the actual or potential conflicts of interest identified above, i.e., the nature the County. Use more sheets if necessary. ( <i>This disclosure statement will not be a</i>	
	materials (including ballots, instructions for voting, etc.) into spanish, and proof a k's Office Election Division.	any spainsh materials sent out
I declare under criminal pe	enalty under the law of Utah that the foregoing is true and correct.	
Signed on the $\frac{10}{\text{Date}}$ d	$\frac{\text{ay of } \frac{\text{January}}{\text{Month}}}{\text{Month}}, \frac{2022}{\text{Year}},$	
atSalt Lake City, Utah		
City or other location,	and state or county	
Antigone Carlson		
Printed Name	signed by Antigone	
Antigone Carlson Carlson	222.01.10 12:15:58 -07'00'	
Signature		

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.) Jason Yocom Division Director, Contracts and Procurement 8-0304 Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone 2001 S State Street N4-600 Covered Person's County Address/Volunteer's Address Holly Yocom with Pathway Asociates 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 Spouse 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. X 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. None of the above categories apply. 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.) Holly is starting her own consulting business this year joining Pathway Associates. There is a possibility she or her association may respond to future county solicitations for the consulting services she provides. Should Holly's new business offer a proposal to a county solicitation, I will recuse myself from involvement in that solicitation and if necessary, I will ask my department director or her designee to perform the county's purchasing agent duties as they may pertain to such a procurement. I declare under criminal penalty under the law of Utah that the foregoing is true and correct. day of January 28th Signed on the Salt Lake City City or other location, and state or county Jason Yocom Printed Name Digitally signed by Jason Yocom Jason Yocom

Signature

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.

Date: 2022.01.28 14:41:00 -07'00'