

**Human Resources** 

Version Date: 3/19/2015

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*.)

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A.	Khette MIFF s	alt Lake County Open Space Trust Fund Advisory Boar	d	
	Covered Person*	Position* or County Division	County Phone	
	2001 South State Street, Suite S4-70	10		
	Covered Person's County Address	/		
В.	14.1.2. 01/200	1		
D.	Outside institution, entity, private business of	r person involved		
	Outside institution, entity, private business of	i person involved		
	had bone mander	14 /		
	Describe covered person's status, employme	control investment in the outside institution, entity, prive	rate business, or personal contract	
			,	
	Outside institution, entity, business or person	of Rd Taylornile W 84	129 80/-915-951	
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Describe below the nature of the assistance you are providing to the institution, entity, private business or person named above the nature of the assistance are applicable to the nature of the nat			2000일 : [1986] 1986] 1986] 1986] 1986] [1986] 1986][	
	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. ( <i>This disclosure statement will not be</i>			
	accepted as valid unless this section is completed.)			
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Sales and installation of playequemotorequepor purk furnishings and other park based it			la la marent	
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$\frac{1}{2}$				
	Klieta Will			
	Count Description			
Covered Person's Signature				
SUBSCRIBED and SWORN to before me this day of May , 20				
1 sy or [17 (019].				
	Parauda Manada			
BRANDE MERCER				
NOTARY PUBLIC - STATE OF UTAH MY Comm. Exp. 08/21/2018			in	
	SEAL Commission # 678	73 OHLAK	ce 114	
		County	State	

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

<sup>\*&</sup>quot;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.

<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."