

July 5, 2018

Ben McAdams

Salt Lake County Mayor

Salt Lake County Council 2001 S State Street N2-200 Salt Lake City, Utah 84114

Erin Litvack

Deputy Mayor, County Services

Rick Graham

Deputy Mayor, Operations

To Whom It May Concern,

Karen Hale

Deputy Mayor, Community & External Affairs Attached is the notarized 2018 Disclosure of Personal or Financial Interest

Statements.

Darrin Casper

Deputy Mayor, Finance & Administration Michelle Hicks, Syracuse City Youth Court

Lincoln Homer, Utah Arts Festival

Lincoln Homer, NOWCFO / Better Accounting

Lincoln Homer, Skidmore and Olaussen

Kathryn Loden, Intern on Ben McAdams Congressional Campaign

Marcus Lee, Utah County Elections Office Sarah Meredith, Jacquelyn Orton – District 24

Marti Woolford, Fellow Shop Marti Woolford, Marti Makes Shane Cook, Gabre Homes

Emma E. Houston, Utah Diversity Connection

Emma E. Houston, Community Advisory Board (CAB) - Huntsman Cancer Institute

Emma E. Houston, You Got This! – Interfaith Women's Board Jesse Gambrell, Salt Lake City Golf – Mountain Dell Golf Course

Thank you for your consideration.



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.	Michelle Hicks	Mayor's Office		(385) 468-7008					
	County Employee	Employed in (Co	ounty Division)	County Phone					
	2001 South State Street N2-100	Salt Lake City, UT							
	Employee's Address								
В.	Syracuse City Youth Court								
	Outside institution, entity, private b	usiness or person involved							
	Adult Advisor	dult Advisor							
	Describe county employee's positi	on or investment in the outsid	de institution, entity, priv	ate busine ss, or personal contrac	ct				
	1979 West 1900 South, Sryacuse	e, UT 801-825-1477		y .					
	Outside institution, entity, business	s or person's address and ph	one number						
C.	E. Describe below the nature of the assistance you are prove 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. (<i>This disclosure statement will not be accepted as valid unless this section is completed.</i>) Helping and working with youth to serve in a volunteer position and overseeing the administration of the Youth Court. The Youth Court provides an alternative disposition for juvenile offenders in which youth participants, under the supervision of the adult advisor, serve in various capacities within the courtroom, such as acting in the role of bailiffs, clerks and judges.								
			c						
			hdr	Employee Signatur	-				
SUBSCRIBED and SWORN to before me this									
	NA LANE MOTARY PUBLIC - ST My Comm. Exp 06 Commission # 6	DRY ATE OF UTAN 10772020 190408	Ina do	NOTARY PUBLIC, Residing i	n				
	[SEAL]	- Contractinguis	County	Stat	e				

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.

(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 seg., 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.) Vered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone 50 W. 200 S. SIL 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 Volunteer

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.) Volunteer Cashier Covered Person's Signature SUBSCRIBED and SWORN to before me this 19,77 NOTARY PUBLIC - STATE OF UTAH My Comm. Exp. 05/12/2019 Commission # 683151 [SEAL] 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. Lincoln Homer CFA
Covered Person Position, or County Division for which you are employed or volunteering 50 W. 200 3. 51C, UT 84101 Covered Person's County Address/Volunteer's Address Now CFO Better Azzezinting
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 Service Contract 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. 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.) Tax Return Pregaration Covered Person's Signature SUBSCRIBED and SWORN to before me this 1970 day of BRIAN E FAST NOTARY PUBLIC, Residing in NOTARY PUBLIC - STATE OF UTAH My Comm. Exp. 05/12/2019 Commission # 683151 State County [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.) Lincoln Homey CFA 385-468-1017

vered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone 50 W. 200 S. SLC UT

Covered Person's County Address/Volunteer's Address

3kidmore and Olaussan UT 84101 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 Time Seasonal Employee 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 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.) Tax Return Preparation Covered Person's Signature SUBSCRIBED and SWORN to before me this _______day of_ BRIAN E FAST NOTARY PUBLIC - STATE OF UTAH My Comm. Exp. 05/12/2019 Commission # 683151 [SEAL] 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. <u>Fathyn Loden intern for office of New Americans</u>
Covered Person Position, or County Division for which you are employed or volunteering County/Vol 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 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. 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.) for the congressional campaign I make Phone calls, canvass neighborhoods/businesses W day of_ SUBSCRIBED and SWORN to before me this _ MICHELLE M HICKS **IOTARY PUBLIC -STATE OF UTAM** My Comm. Exp 06/15/2020 Commission # 672015

(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. Marus Lee Community Relations Intern

Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone 788 N 700 E # 10 Provo, ut, 8466 Covered Person's County Address/Volunteer's Address B. <u>Utah County Elections office</u>
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

901 - 851 - 8128

Ste 3100 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 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 with the administrative tasks such as verifying Signetures, voter associations, & other election Preparation related matters. · A Portion of Draper City That is serviced by Utah County Elections. Covered Person's Signature SUBSCRIBED and SWORN to before me this __ MICHELLE M HICKS NOTARY PUBLIC -STATE OF UTAM My Comm. Exp 06/15/2020 Commission # 672015 [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.	Sarah Meredith Intern - Diversity and Inclusion	801-554-6379
	Covered Person Position, or County Division for which you are employed or volunteering	County/Volunteer's Phone
	547 Oakview Lane, Bountiful	
	Covered Person's County Address/Volunteer's Address	
В.	Jacquelyn Orton - District 24	
	Outside institution, entity, private business or person in which the Covered Person has a personal or business required in the above section	ness interest for which disclosure
	volunteer	
	Covered person's status, relationship or commitment to the institution, entity, business or person named	above
	na	
	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 identification.	ed in subsection (B) above:
	I receive or have agreed to receive compensation for assisting a person or business entity in a transaction	ction 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 of	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 put I hold a personal interest that creates a potential or actual conflict with my public duties.	iblic duties.
D.	Give a detailed description of the actual or potential conflicts of interest identified above, i.e., the nature entity or person with the County. Use more sheets if necessary. (<i>This disclosure statement will not be a is completed.</i>)	
	Messaging, copy edit	
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	aml ffine	
	Covered Person's Signature	
SU	JBSCRIBED and SWORN to before me this day of	,
	a Alahala	
	MICHELLE M HICKS	
	NOTARY PUBLIC, Residing in NOTARY PUBLIC, Residing in My Comm. Exp 06/15/2020	17
[C]	Commission # 672015	State
[3]	EAL County	· · · · · ·



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.	Marti Woolford	Special Projects Coordinator	385-468-7016
	Covered Person*	Position* or County Division	County Phone
	2001 S State Street, Ste. N1-1	30	
	Covered Person's County Address		
В.	Fellow Shop		
	Outside institution, entity, private b	usiness or person involved	
	Retail clerk at Fellow Shop 14		
	Describe covered person's status, en	mployment or investment in the outside institution, entity, priv	ate business, or personal contract
	Fellow Shop 217 E Broadway		
	Outside institution, entity, business	or person's address and phone number	
C.	the nature of the economic interes	sistance you are providing to the institution, entity, private bus st or employment you hold in the private business. Also desc person, etc. and Salt Lake County. Use more sheets if necess scompleted.)	cribe the relationship with or transaction
		and housewares store. I am a retail clerk there. I stock items, assi	
		Covered Person's Signate	ие
SUI	BSCRIBED and SWORN to before me tl	his day of , 20 , 20 , 20	
	MICHELLE M H NOTARY PUBLIC -STATE My Comm. Exp 06/15 Commission # 672	OF UTAH NOTARY PUBLIC, Residing in 1/2020	

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.

County

*"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."

State

Version Date: 3/19/2015



accepted as valid unless this section is completed.)

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*.)

Marti Woolford	Special Projects Coordinator	385-468-7016					
Covered Person*	Position* or County Division	County Phone					
2001 S State Street, Ste. N1-1	30						
Covered Person's County Address							
marti makes							
Outside institution, entity, private business or person involved							
Owner							
Describe covered person's status, employment or investment in the outside institution, entity, private business, or personal contract							
1189 W 700 S, SLC 84104	801-259-2943						
Outside institution, entity, business	or person's address and phone number						
the nature of the economic interes	sistance you are providing to the institution, entity, private busing it or employment you hold in the private business. Also describ person, etc. and Salt Lake County. Use more sheets if necessar	be the relationship with or transaction					

marti makes is a small creative business I started in June 2017. I am a fiber artist who specializes in macramé wall hangings, plant hangers and home decor. I operate this business from my home and I maintain an online shop with Etsy and I sell my creations at craft markets and farmers markets. I also teach macrame workshops throughout Utah.

SUBSCRIBED and SWORN to before me this day of

MICHELLE M HICKS
NOTARY PUBLIC -STATE OF UTAH
My Comm. Exp 06/15/2020
Commission # 672015

NOTARY PUBLIC, Residing in

County

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

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*"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.	Sharl Covered Person* Position* or County Division County Phone
	Covered Person's County Address
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.	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. (<i>This disclosure statement will not be accepted as valid unless this section is completed.</i>)
	General Contractor DBA - Sabre Homes
	_182 48 .
	Covered Person's Signature
SUB	SCRIBED and SWORN to before me this 197 day of May, 2018.
	SEAL] KATRENA FREEMAN Notary Public State of Utah My Commission Expires on: October 23, 2021 Comm. Number: 697562 NOTARY PUBLIC, Residing in NOTARY PUBLIC, Residing in
	Color of colory of
is ste	County State County Atternant is a public document. It must be filed with the covered person's immediate supervisor, volunteer or community liaison, division directed.

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 Human Resources

Nelsan 5-16-18

(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*.)

Α.	Emma E. Houston Mayor's Office	385-468-7014
	Covered Person Position, or County Division for which you are employed or volunteering	County/Volunteer's Phone
	908 East Elgin Avenue Salt Lake City, Utah 84106	
	Covered Person's County Address/Volunteer's Address	
В.	Utah Diversity Connection	
	Outside institution, entity, private business or person in which the Covered Person has a personal or bis required in the above section	business interest for which disclosure
	Advisory Board Member	
	Covered person's status, relationship or commitment to the institution, entity, business or person name	ned above
	Salt Lake City, Utah	
	Address and phone number of the institution, entity, business or person named above	
С.	Select the category that applies to yourself and the outside institution, entity, business or person idea	ntified in subsection (B) above:
	I receive or have agreed to receive compensation for assisting a person or business entity in a tra	nsaction involving Salt Lake County.
	I am an officer, director, agent, employee or the owner of a substantial interest in a business ent. Salt Lake County.	ity that is subject to the regulation of
	I am an officer, director, agent, employee or owner of a substantial interest in a business entity the	nat 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	y public duties.
	I hold a personal interest that creates a potential or actual conflict with my public duties.	
D.	entity or person with the County. Use more sheets if necessary. (This disclosure statement will not	ure of the relationship of each business be accepted as valid unless this section
	is completed.) Act reasonably and in good faith. Consider the best interest of the organization and its members. Pl	ace the interest of the organization
	first. Act within the scope of the law. Follow the rules and regulations that apply to the organization Assist Utah businesses in building diverse workforces and with diverse employees seeking sup	portive employers. Identify and produc
	resources for both employers and employees to help promote the "business case" for a diverse have built a diverse workforce through the Utah Diversity Awards presented annually in conj	workforce. Recognize employers that
	have built a diverse workforce through the Otah Diversity Awards presented annually in conj	unction with the exam enapter of status.
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	China C Hou	
	Covered Person's Signature	iC
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	MICHELLE M HICKS NOTARY PUBLIC, Residing in	1
	My Comm. Exp 06/15/2020	UT
re	County 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.*)

		1 000		385-468-7014
Α.	Emma E. Houston Covered Person	Mayor's Office	or which you are employed or volunteering	County/Volunteer's Phone
	Covered Ferson	rosition, or County Division is	of which you are employed of volumeering	county, rotation of their
	908 East Elgin Avenue		06	
	Covered Person's County	y Address/Volunteer's Address		
В.	Community Advisory	Board (CAB) - Huntsman Cance	er Institute	
			which the Covered Person has a personal or busi	ness interest for which disclosure
	is required in the above s			
	Advisory Board Meml			
	Covered person's status,	relationship or commitment to t	he institution, entity, business or person named	above
	2000 Circle of Hope	Salt Lake City, Utah 84		
	Address and phone numb	ber of the institution, entity, busi	iness or person named above	
C.	Select the category that	applies to yourself and the outs	ide institution, entity, business or person identifi	ied in subsection (B) above:
	I receive or have ag	greed to receive compensation fo	or assisting a person or business entity in a transa-	ction involving Salt Lake County.
	I am an officer, dir Salt Lake County.	ector, agent, employee or the ow	wher of a substantial interest in a business entity	that is subject to the regulation of
		ector, agent, employee or owner	of a substantial interest in a business entity that	does or anticipates doing business
	with Salt Lake Cou	unty.		
			creates a potential or actual conflict with my pu actual conflict with my public duties.	iblic duties.
		998 (1990 - 1994 - 1994 - 1996 (1996 - 1996 - 1996 - 1996 - 1996 - 1996 - 1996 - 1996 - 1996 - 1996 - 1996 - 1		
D.	entity or person with th	ion of the actual or potential con e County. Use more sheets if ne	flicts of interest identified above, i.e., the nature cessary. (This disclosure statement will not be described.)	of the relationship of each business accepted as valid unless this section
	is completed.)	good faith Consider the hest into	erest of the organization and its members. Place	the interest of the organization
	first Act within the sco.	ne of the law Follow the rules a	and regulations that apply to the organization.	
	Volunteer advocate for	the Cancer Advisory Committe	e for Huntsman Cancer Institute. Provides inpugarding local and regional factors that impact HC	t and recommendations for cancer patien
	along with strategic and	a inclusive community input reg	garding local and regional factors that impact ric	or s mission.
				\wedge
			Go G I	
			Cmma DAtou	
			Covered Person's Signature	
			Covered Ferson's Signature	7
SU	JBSCRIBED and SWOR	N to before me thisday	y of, 20	>
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[S	EAL]	772010	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*.)

A.	Emma E. Houston	Mayor's Office		385-468-7014			
	Covered Person	Position, or County Divisio	n for which you are employed or volunteering	County/Volunteer's Phone			
	908 East Elgin Avenue	Salt Lake City, Utah 8	34106				
		Address/Volunteer's Addre					
B.	You Got This! - Interfai	th Women 's Board					
	Outside institution, entity, private business or person in which the Covered Person has a personal or business interest for which disclosuris required in the above section						
	Advisory Board Memb						
	(A)		to the institution, entity, business or person named	above			
			ousiness or person named above				
	416 West 650 South, Veri						
C.		applies to yourself and the or	utside institution, entity, business or person identi	fied in subsection (B)			
abo	ove:						
	I receive or have ago	reed to receive compensation	for assisting a person or business entity in a transa	ction involving Salt Lake County.			
	Salt Lake County.		owner of a substantial interest in a business entity				
	with Salt Lake Cour		ner of a substantial interest in a business entity that	does or anticipates doing business			
	I hold an investmen	t or other financial interest th	hat creates a potential or actual conflict with my pu	ablic duties.			
	I hold a personal in	terest that creates a potential	or actual conflict with my public duties.				
D.			onflicts of interest identified above, i.e., the nature necessary. (This disclosure statement will not be a				
Act reasonably and in good faith. Consider the best interest of the organization and its members. Place the interest of the organization							
	first. Act within the scope of the law. Follow the rules and regulations that apply to the organization. As a member of the Board of Directors of You Got This Interfaith Women's Conference, I have a the responsibility to ensure that						
	the organization does the best work possible in pursuit of its goals and to interpret the organization's work and values to the community.						
			& Coll				
(mna O Anuth							
			Covered Person's Signature	~			
SII	BSCRIBED and SWORN	to before me this	day of				
50	DSCRIDED and SWORK	to before the this	0.1(0.4)	<i>j</i>			
		The same of the sa	VILLACI	γ			
	MICHEL	LE M HICKS	NOTARY PUBLIC, Residing in	1 +			
	My Comm	. Exp 06/15/2020	DAVIS	\cup			
[SI	EAL	sion # 672015	County	State			

DISCLOSURE OF PRIVATE BUSINESS INTERESTS (Use one form for each outside business entity, institution, 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.	Jesse	Gambrell	Pra Cos	rdinator			384-468-	-1929
	Covered Person*		Position	or County Division			County Phone	
	Covered Person's Cou	Guardsman inty Address	Wa	y Si	LC U	T 8	4108	
В.		ake City (son involved	Mountain	Dell	Golf	Course	
	Employed Describe covered pers	as Ter	nporary investment in	Grounds the outside institution	teeper	business, or	r personal contract	
	Mountain Outside institution, en	Dell I	dress and phor	SLC ne number	UT	8410	9	
C.	the nature of the eco between, the busines	ature of the assistance you a momic interest or employments, institution, person, etc. and less this section is complete.	ent you hold ir d Salt Lake Co	the private business unty. Use more sheet	. Also describes if necessary.	e the relation (This disclos	nship with, or trans sure statement will	action
		2	10 6	Covered Person's S	M) ignature	7		
SU	BSCRIBED and SWO	RN to before me this1	day of _	one	, 20	<u>10.</u>		
[SI	EAL) B NOTA MY C	RANDE MERCER ARY PUBLIC - STATE OF UTAI Comm. Exp. 08/21/201 commission # 678973	8	Brandle NOTARY PUBLIC Salffa County	Residing in	cel 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 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."