

**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. 

David Johnston	Recycling Outreach Specialist	(385) 468-6399
Covered Person*	Position* or County Division	County Phone

SLCo Recycling Information Office - 6030 West California Avenue, SLC, UT 84104
Covered Person's County Address

B. 

Utah Recycling Alliance
Outside institution, entity, private business or person involved

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

Address: P.O. Box 927, SLC, UT 84110 Phone: n/a
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.)*

As a URA Board member, I would serve as a member on at least 2 of URA's various committees. These committees are focused on educating public on better recycling practices and providing resources/supporting events focused on increasing recycling rates both within Salt Lake County and throughout Utah. Responsibilities also include promoting URA events, materials and newsletters, writing one article/year for the URA newsletter, helping out at URA headline events, and attending monthly board meetings. Many of these responsibilities would be handled outside of my normal county work hours. Anticipating 6-10 hours/month, max of 5 hours/week.

  
Covered Person's Signature

SUBSCRIBED and SWORN to before me this 31<sup>st</sup> day of August, 2018.



	
NOTARY PUBLIC, Residing in	
<u>Salt Lake City</u>	<u>UT</u>
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.**

\*"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."