

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. Robyn Holten Animal Care 801 694-6928
Covered Person* Position* or County Division County Phone

7155 S. 2470 W West Jordan, UT 84084
Covered Person's County Address

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

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

3802 S. 700 E SLC, UT 84104 801-264-6032
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.)

Work Full time as HR Director

[Signature]
Covered Person's Signature

SUBSCRIBED and SWORN to before me this 14 day of October, 2015.

[SEAL]



Michelle Blue
NOTARY PUBLIC, Residing in
Salt Lake Utah
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."

OK
SAB

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A. Adriana Verjan Animal Behaviorist
 Covered Person* Position* or County Division County Phone

511 W 3900 S
 Covered Person's County Address

B. Barley's Canine Rec Center
 Outside institution, entity, private business or person involved

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

2827 S 2300 E 801-467-6069
 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.)

taking care of daycareed dogs, teaching them to swim
 sometimes coordinating with them to swim shelter
 dogs.


 Covered Person's Signature

SUBSCRIBED and SWORN to before me this 14 day of October, 2018.



[SEAL]

Michelle Blue
 NOTARY PUBLIC, Residing in
Salt Lake Utah
 County State

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*all
-SAB*