

12/3/18

**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. 

Stu Nelson	Asst. Golf Professional	801-367-6857
Covered Person*	Position* or County Division	County Phone

5625 W. Prospero Ln. Herriman Utah 84096
--

  
Covered Person's County Address

B. 

Professional Golfers Association Of America (P.G.A.)
--

  
Outside institution, entity, private business or person involved

Class A-8 Asst. Golf Professional
-----------------------------------

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

100 Avenue Of The Champions Palm Beach Gardens Florida 33418 561-624-8400
---

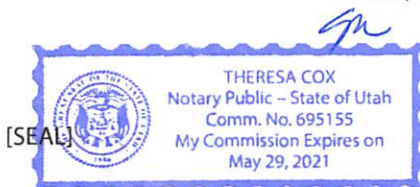
  
Outside institution, entity, business or person's address and phone number

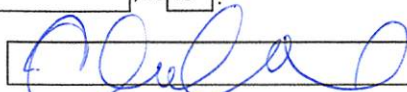
C. Describe below the nature of the assistance you are providing to the institution, entity, private business or person named above, or describe the nature of the economic interest or employment you hold in the private business. Also describe the relationship with or transaction between the business, 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.)*

I'm a golf professional (apprentice) with the PGA of America. I play in golf tournaments for prize money which I am required to report all my winnings th the I.R.S. While playing in these tournaments, manufactures provide product to me to give them feedback. These tournaments are played outside the scope of my duties with Salt Lake County and are not played in on county time.

  
Covered Person's Signature

SUBSCRIBED and SWORN to before me this 17<sup>th</sup> day of March, 2018.



  
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."

**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. Vernon Parent Extension Associate Professor - USU Extension 385-468-4832  
Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone  
2001 S State St. S1-300, Salt Lake City UT 84114  
Covered Person's County Address/Volunteer's Address

B. Utah State University  
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  
Employee  
Covered person's status, relationship or commitment to the institution, entity, business or person named above  
4900 Old Main Hill, Logan UT, 84322  
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.)*

NA

[Signature]  
Covered Person's Signature

SUBSCRIBED and SWORN to before me this 3 day of July, 2018.



[SEAL]

Isabelle Roehrig  
NOTARY PUBLIC, Residing in  
Salt Lake UT  
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 exists.*