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*.)

A.	Donald Belnap	Animal Control Officer	385-468-7387
	Covered Person*	Position* or County Division	County Phone
	7853 W 2985 S, Magna, UT 8-	4044	
	,		
B.	Don's Reptile Rescue Outside institution, entity, private b	usiness or person involved	
	outside institution, entity, private b	usiness of person involved	
	Owner		
	Describe covered person's status, er	mployment or investment in the outside institution, entity, pri	ivate business, or personal contract
	7853 W 2985 S, Magna, UT 84		
	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 bust or employment you hold in the private business. Also de person, etc. and Salt Lake County. Use more sheets if neces completed.)	escribe the relationship with or transaction
		Covered Person's Signat	ture
SUI	BSCRIBED and SWORN to before me th	nis 210 day of November, 20 8.	· ·
		MICHELLE BLUE Notary Public State of Utah MMISSION # 699416 Expires March 12, 2022 MICHELLE BLUE NOTARY PUBLIC, Residing County	g in 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

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1.	Donald Belnap	Animal Control Officer	385-468-7387
	Covered Person*	Position* or County Division	
	7853 W 2985 S, Magna, UT	84044	
	Covered Person's County Address		
	Don's Garter Snakes		
	Outside institution, entity, private	business or person involved	
	Owner		
	Describe covered person's status,	employment or investment in the outside instite	itution, entity, private business, or personal contract
	7853 W 2985 S, Magna, UT 8	34044	
	Outside institution, entity, busines	ss or person's address and phone number	
	the nature of the economic interes	est or employment you hold in the private bu , person, etc. and Salt Lake County. Use more	entity, private business or person named above, or describe business. Also describe the relationship with or transaction re sheets if necessary. (<i>This disclosure statement will not be</i>
		(07.7.0
			Dan Bern
		Covered	d Person's Signature

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A.	Covered Person Seals Animal Control Sergeant 385-222-5/52 Position* or County Division County Phone
	SII W. 3900 S. SLC, UT 84123 Covered Person's County Address
B.	Puts + Such Outside institution, entity, private business or person involved
	Minimal part time work. Describe covered person's status, employment or investment in the outside institution, entity, private business, or personal contract
	3690 W. 3500 S. W.V. C. , UT 84129 801.966.8605 Outside institution, entity, business or person's address and phone number
Σ.	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.)
	Minimal part time work in exchange for product.
	Outside of S.L. Country Animal Services jurisdiction.
	Potential conflict with customers if they live in our divisalications.
	May Lull Covered Person's Signature
SUB	SCRIBED and SWORN to before me this day of work of 20 18.
	MICHELLE BLUE Notary Public State of Utah NOTARY PUBLIC, Residing in
	[SEAL] COMMISSION # 699416 My Commission Expires March 12, 2022 County County

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DISCLOSURE OF PRIVATE BUSINESS INTERESTS (Use one form for each outside business entity, institution, or person involved.)

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A.	Covered Person* Animal Covered Person*	Mfo Filer County Division	385 - 468 - 738 7 County Phone		
D	SI W 3900 W Covered Person's County Address		County Friorie		
В.	Outside institution, entity, private business or person involved Secrutory				
	Describe covered person's status, employment or investment in the 100S	outside institution, entity, private b	business, or personal contract		
C.	Outside institution, entity, business or person's address and phone r		ss or person named above, or describe		
	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.)				
	Depending on what is needed I either or supervise a group	r do secruity han	dle eash for scating		
,		Joseph Alasso Jovered Person's Signature			
SUB	SCRIBED and SWORN to before me this 7 day of DeCem				
	RACHEL HOPPER NOTARY PUBLIC - STATE OF UTAH NOTARY PUBLIC - STATE OF UTAH	NOTARY PUBLIC, Residing in	R-Hopper		
	[SEAL] My Comm. Exp. 02/02/2021 Commission # 693300	Salt Lake	UT		
		County	State		

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Shauna Boyd	Temporary of Animal Services	385-468-7387
Covered Person*	Position* or County Division	County Phone
511 w. 3900 S. S Covered Person's County Address	olt Lake . UT 84123	
Corner Canyon H	ich School	
Outside institution, entity, private busin	ess or person involved	
	loyee at Hish School	
Describe covered person's status, emple	pyment or investment in the outside institution, entity, private busi	ness, or personal contract
12943 5-700		100
Outside Institution, entity, business or p	erson's address and phone number	
accepted as valid unless this section is con		ns aisciosure statement will not b
Lunch Cashier		
	Covered Person's Signature	,
	Covered Person's Signature	
SCRIBED and SWORN to before me this	27 day of NOVEMber , 20 18.	
	HELLE BLUE Ditary Public NOTARY PUBLIC Residing in	ve
	HALV PHILLS B HOTELS B 1 1	
	notary Public NOTARY PUBLIC, Residing in SSION # 699416	

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OK SRB

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