

March 7, 2019

Richard Snelgrove, Chair Salt Lake County Council 2001 S. State Street, N2-200 Salt Lake City, UT 84190

RE: Salt Lake County Health Department 2019 Disclosure Documents

Dear Councilmember Snelgrove:

The Salt Lake County Health Department submits the following County Disclosure forms for review:

EMPLOYEES:

- Andrea Gamble (three forms)
- Audrey Stevenson
- Dan Moore
- Gary Edwards
- Jorge Mendez
- Kami Peterson
- Nancy Lucero
- Natalie Cuoio
- Rachel Black
- Raul Garcia
- Royal DeLegge

BOARD OF HEALTH MEMBERS:

- Brooke Hashimoto
- Clare Coonan
- Dorothea Verbrugge
- Judy Cullen
- Kelly Christensen
- Lavanya Mahate
- Ruedi Tillmann
- Russ Booth
- William Cosgrove

If you have any questions, please do not hesitate to contact me.

Respectfully,

Gary L. Edwards, M.S. Executive Director



(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.) Environmental Health Scientist /Environmental Health/ Foods Andrea Gamble 385-468-3845 Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone 788 East Wood Oak Lane, Murray, Utah 84107 Covered Person's County Address/Volunteer's Address Fun Food Handlers LLC 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 Teach Food Handlers and Certified Manger Classes Covered person's status, relationship or commitment to the institution, entity, business or person named above 2268 South 2300 East Salt Lake City, Utah 84109 435-631-9942 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.) manager I Teach Food Handlers and Certified Mager Classes for Fun Food Handlers LLC. Digitally signed by Andrea Gamble Andrea Gamble Date: 2019.01.22 12:03:21 -07'00' Covered Person's Signature SUBSCRIBED and SWORN to before me this ______day of _____ **ASHLEY HALL** NOTARY PUBLIC -STATE OF UTAH My Comm. Exp April 28, 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 refiled every January, as long as the potential conflict exists.

Commission # 688785

[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.) Andrea Gamble Environmental Health Scientist /Environmental Health/ Foods 385-468-3845 Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone 788 East Wood Oak Lane, Murray, Utah 84107 Covered Person's County Address/Volunteer's Address University Park Marriott 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 Hostess Covered person's status, relationship or commitment to the institution, entity, business or person named above 480 Wakara Way, Salt Lake City, Utah 84108 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.) I am a Hostess

Andrea Gamble

Digitally signed by Andrea Gamble Date: 2019.01.22 12:03:21 -07'00'

Covered Person's Signature

ASHLEY HALL

NOTARY PUBLIC -STATE OF UTAH

My Comm. Exp April 28, 2020

Commission # 688785

NOTARY PUBLIC, Residing in

County

State

[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.)

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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. Audrey M. Stevenss Health Department	385-468-4150
Covered Person Position, or County Division for which you are employed or volunte	eering County/Volunteer's Phone
2001 So State Street, S3700, SLC, UT 84190-2150	
Covered Person's County Address/Volunteer's Address	
3. Columbus Community Center	
Outside institution, entity, private business or person in which the Covered Person has a person is required in the above section	nal or business interest for which disclosure
Nurse Consultant for Group Homes	
Covered person's status, relationship or commitment to the institution, entity, business or person	on named above
3495 S W Temple, Salt Lake City, UT 84115 (801) 262-1552	
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	on identified in subsection (B) above:
I receive or have agreed to receive compensation for assisting a person or business entity is	in a transaction involving Salt Lake County.
I am an officer, director, agent, employee or the owner of a substantial interest in a busing Salt Lake County.	ess entity that is subject to the regulation of
I am an officer, director, agent, employee or owner of a substantial interest in a business e	entity that does or anticipates doing business
with Salt Lake County.	11
I hold an investment or other financial 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., entity or person with the County. Use more sheets if necessary. (<i>This disclosure statement w. is completed.</i>)	
There is no actual or potential conflict of interest.	
78-A+	t totach
Miller	nov
Audrey Stevens	SON Digitally signed by Audrey Stevenson Date: 2019.01.23 16:30:06 -07'00'
Covered Person's Signature	
SUBSCRIBED and SWORN to before me this 23 day ofday of	20.19
SOBSCRIBED and SWORN to betole the this 2 / day of	
X ON HILL SOLL	TAN .
HEATHER EDWARDS NOTARY PUBLIC Residing	ng in
My Comm. Exp April 29 2000	Utah
[SEAL] County	State



[SEAL]

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A. Audrey M. Stevensc Health Department	385-468-4150
Covered Person Position, or County Division for which you are	e employed or volunteering County/Volunteer's Phone
2001 So State Street, S3700, SLC, UT 84190-2150	
Covered Person's County Address/Volunteer's Address	
University of Phoenix	
Outside institution, entity, private business or person in which the Cover is required in the above section	ed Person has a personal or business interest for which disclosure
Faculty for online graduate nursing program	
Covered person's status, relationship or commitment to the institution, e	ntity, business or person named above
4035 S Riverpoint Parkway, Phoenix, AZ 85040	
Address and phone number of the institution, entity, business or person r	named above
C. Select the category that applies to yourself and the outside institution, e	ntity, business or person identified in subsection (B) above:
I receive or have agreed to receive compensation for assisting a per-	son or business entity in a transaction involving Salt Lake County.
I am an officer, director, agent, employee or the owner of a substar	atial 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 I hold a personal interest that creates a potential or actual conflict of	
D. Give a detailed description of the actual or potential conflicts of interest entity or person with the County. Use more sheets if necessary. (<i>This a</i> is completed.)	
There is no actual or potential conflict of interest.	
	Atterno
Διμ	drov Stovenson Digitally signed by Audrey Stevenson
	ed Person's Signature
745	ed Ferson's Signature
SUBSCRIBED and SWORN to before me thisday of	, 20 9.
	XO Atles Col 1 Torons
HEATHER EDWARDS NOT	ARY PUBLIC, Residing in
NOTARY PUBLIC -STATE OF UTAH My Comm. Exp April 28, 2020 Commission # 688784	alt like Utah
[SEAL] Count	y 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 refiled every January, as long as the potential conflict exists.

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Under the provisions of the County Officers and Employees Disclosure Act, §§ 17-1,6a-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*.)

Dan Moore	Supervisor, Health Department	a compression of the	385-468-3916
Covered Person	Position, or County Division for which you are e	mployed or volunteering	County/Volunteer's Phone
788 E Woodoak	Lane, Murray, UT 84107		
Covered Person's Co RESPRO	unty Address/Volunteer's Address		
	ntity, private business or person in which the Covered we section	Person has a personal or bu	siness interest for which disclosur
consultant			
Covered person's stat	us, relationship or commitment to the institution, entit	ty, business or person name	d above
	nterville, UT 801-856-4558		
SA STEEL STATE	umber of the institution, entity, business or person nam	ned above	
. Select the category t	hat applies to yourself and the outside institution, entit	ty, business or person identi	fied in subsection (B) above:
I receive or have	e agreed to receive compensation for assisting a person	or business entity in a trans	action involving Salt Lake County
Salt Lake Coun			
I am an officer, with Salt Lake	director, agent, employee or owner of a substantial inte	erest in a business entity tha	t does or anticipates doing busines
I hold an invest	ment or other financial interest that creates a potential l interest that creates a potential or actual conflict with	or actual conflict with my phonon my public duties.	public duties.
Give a detailed descrentity or person with is completed.)	iption of the actual or potential conflicts of interest ide the County. Use more sheets if necessary. (This disc	ntified above, i.e., the natur losure statement will not be	re of the relationship of each busing accepted as valid unless this sect
consulting activiti	ultant, secret shopper satisfaction surveys, a es occur in conflict with SLCoHD regulations County within other counties.	and trainer/educator for sor permits. Nearly all	or various businesses. No consulting is completed
	Control of the second	7 11	and the same
	the superior of the second of the		
	Dan		Digitally signed by Dan Moore Date: 2019.01.22 11:24:57 -07'00'
	Covered	Person's Signature	
BSCRIBED and SWO	RN to before me this <u>22</u> day of <u>JONUO</u>	1ry , 2010	4. ,
	ASHLEY HALL NOTARY	nley Hall	
	NOTARY PUBLIC -STATE OF UTAH	Y PUBLIC, Residing in	
	My Comm. Exp April 28, 2020 Commission # 688785	et lake	
AL]	County		State

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A. Gar	y Edwards	Director/Hea	lth			385-468-4116
	red Person	Position, or Cou	nty Division for whi	ch you are emplo	yed or volunteering	County/Volunteer's Phone
200	1 S. State Street	, Suite S2-600				
Cove	red Person's County	Address/Volunte	eer's Address			
3. Univ	versity of Utah/Ut	tah Departmer	nt of Health			
Outsi	de institution, entity uired in the above se	, private business ection	or person in which	the Covered Perso	on has a personal or bu	siness interest for which disclosure
Adju	unct faculty / Hea	Ith Advisory C	ouncil			
Cove	red person's status, r	relationship or con	mmitment to the inst	titution, entity, bu	siness or person name	d above
U of	f U Department o	f Health Educa	ation & Promotio	n / Cannon He	ealth Building	
Addre	ess and phone number	er of the institution	on, entity, business o	r person named a	bove	
C. Sele	ct the category that a	applies to yoursel	f and the outside ins	titution, entity, bu	siness or person identi	ified in subsection (B) above:
						action involving Salt Lake County.
	I am an officer, dire Salt Lake County.	ctor, agent, emplo	oyee or the owner of	a substantial inte	rest in a business entity	y that is subject to the regulation of
		ctor, agent, emplo	ovee or owner of a su	bstantial interest	in a business entity that	t does or anticipates doing business
	with Salt Lake Cour	nty.				
	I hold an investment hold a personal int	t or other financial erest that creates	al interest that create a potential or actual	s a potential or ac conflict with my	tual conflict with my public duties.	oublic duties.
entit	e a detailed description or person with the ampleted.)	on of the actual or County. Use mo	potential conflicts o re sheets if necessary	f interest identifie y. (<i>This disclosur</i>	ed above, i.e., the nature the statement will not be	e of the relationship of each business accepted as valid unless this section
	ch evening class t chair of the Hea		Council through th	ne Utah Depar	tment of Health.	
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				12	2425	Aunh
				Covered Perso	n's Signature	engages
UBSCR	IBED and SWORN	to before me this	24th day of 1	Tanuoros	2019	
		to colore me time	day of	0	0 (3)	
				Xoa	HU CAWN	M
CO DE	HEATHER E	DWARDS		NOFARY PU	BLIC, Residing in	
	My Comm. Exp	April 28, 2020		alt	l'alce	Utal
EAL	Commission	# 688784		County		State

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Kami Peterson	Salt Lake County Health Department	385-468-4142				
Covered Person	Position, or County Division for which you are employed or volunteering	County/Volunteer's Phone				
2001 S State Stre	eet S3-700, SLC, UT 84114					
Covered Person's County Address/Volunteer's Address						
Canyons School I	District					
Outside institution, en is required in the above	tity, private business or person in which the Covered Person has a personal or busine section	ness interest for which disclosure				
Certified Nursing	Assistant Clinical Instructor					
Covered person's state	us, relationship or commitment to the institution, entity, business or person named	above				
9361 S 300 E, Sa	ndy, UT 84070 801-826-5000					
Address and phone nu	mber of the institution, entity, business or person named above					
C. Select the category the	nat applies to yourself and the outside institution, entity, business or person identifi	ed in subsection (B) above:				
I receive or have	e agreed to receive compensation for assisting a person or business entity in a transaction	ction involving Salt Lake County.				
	director, agent, employee or the owner of a substantial interest in a business entity	that is subject to the regulation of				
Salt Lake Count I am an officer,	y. director, agent, employee or owner of a substantial interest in a business entity that	does or anticipates doing business				
with Salt Lake (County.					
	ment or other financial interest that creates a potential or actual conflict with my pull interest that creates a potential or actual conflict with my public duties.	iblic duties.				
	iption of the actual or potential conflicts of interest identified above, i.e., the nature the County. Use more sheets if necessary. (<i>This disclosure statement will not be a</i>					
of my knowledge	art-time as a CNA clinical instructor for the Canyons Technology Ed neither the Salt Lake County Health Department nor Salt Lake Cou school district. I have no business interest in this school district.					
	Kami Peterson					
		gitally signed by Kami A. Peterson				
	Nami A. i eterson Da	ate: 2019.01.25 13:36:42 -07'00'				
	Covered Person's Signature					
SUBSCRIBED and SWO	RN to before me this day of the d	,				
	Cd 1					
\$84889 # U	NOTARY PUBLIC, Residing in	111.1				
STATE OF UTAM April 28, 2020	My Comm. Exp	Utah				
SEAL CONVINCE		State				



State

DISCLOSURE OF PERSONAL OR FINANCIAL INTEREST

[SEAL]

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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. Notable Cuplo Public Health Nutrition 1St 385-418-3679

Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone Covered Person's County Address/Volunteer's Address B. Hwite Hollow Rocky Mtn Care 40 90 Pioneer Rewy, WVC, Ut 34120

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 4090 Pionee Rkwy , w/c, ut \$4120
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 I work as a clinical dietition at a longer term care facility. I work as a public health nutritionist at WIC. There is not a conflict of interest in this situation. SUBSCRIBED and SWORN to before me this **23rd** day of __ when 4 Shi EVELINI U. LITI Notary Public State of Utah ommission Expires on:

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 refiled every January, as long as the potential conflict exists.

March 4, 2019

Comm. Number: 681926

[SEAL]

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Α.	Rachel Black	Health Department		385-468-3845
Z . X.	Covered Person	Position, or County Division for which you are	employed or volunteering	County/Volunteer's Phone
	788 E Woodoak l	ane, Murray, Utah 84107		
	Covered Person's Cou	nty Address/Volunteer's Address	And the second s	The same time time to the same time to the same time to the same time to the same time time to the same time time to the same time time time time time time time ti
В.	Black Environmen	tal-Asbestos Inspection Company		
Б.	Outside institution, er is required in the above	tity, private business or person in which the Covere e section	d Person has a personal or bus	iness interest for which disclosure
	Owner			
	Covered person's stat	is, relationship or commitment to the institution, en	ity, business or person named	above
	801-926-1858 Lo	cation: 1316 W 1175 E, Clearfield, Utah 84	015	
	Address and phone nu	mber of the institution, entity, business or person na	med above	and the second s
C.	Select the category t	nat applies to yourself and the outside institution, en	tity, business or person identif	ied in subsection (B) above:
	I receive or have	agreed to receive compensation for assisting a person	on or business entity in a transa	ection involving Salt Lake County.
	I am an officer, Salt Lake Count	director, agent, employee or the owner of a substant y.	al interest in a business entity	that is subject to the regulation of
	I am an officer, with Salt Lake (lirector, agent, employee or owner of a substantial ir County.	terest in a business entity that	does or anticipates doing business
	I hold an investi	nent or other financial interest that creates a potential interest that creates a potential or actual conflict with		ublic duties.
D.	Give a detailed descrentity or person with is completed.)	ption of the actual or potential conflicts of interest in the County. Use more sheets if necessary. (This dia	dentified above, i.e., the nature sclosure statement will not be a	of the relationship of each business accepted as valid unless this section
	I am licensed by business.	he State of Utah as an asbestos inspector	and am the owner of an	asbestos inspection
			Vi.	
			2005	RK
		Covere	l Person's Signature	
SU	BSCRIBED and SWO	RN to before me this 31 day of Janu)aru 2019	
			2041	•
			hluttall	*
	MAN N	ASHLEY HALL NOTAL NOTAL	Y PUBLIC, Residing in	
		OTARY PUBLIC STATE OF UTAH My Comm. Exp April 28, 2020 Commission # 688785	et lake	<u>ut</u>
[SE	AL]	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.	Raul Garcia	Emergency Planner		385-468-4133
Α.	Covered Person	Position, or County Division for	or which you are employed or volunteering	County/Volunteer's Phone
	2001 S. State Stre	eet S2-600		
	Covered Person's Cou	nty Address/Volunteer's Address		
B.	U.S. Department	of Health and Human Service	es/ASPR/NDMS/Utah DMAT	
Б.	Outside institution, ent is required in the above		rhich the Covered Person has a personal or b	business interest for which disclosure
	FinanceAdmin Sec	ction Chief/Administrative Sp	ecialist	
	Covered person's statu	as, relationship or commitment to the	ne institution, entity, business or person nam	ned above
	Washington DC			
	Address and phone nur	mber of the institution, entity, busin	ness or person named above	
C.	Select the category th	at applies to yourself and the outside	de institution, entity, business or person ider	ntified in subsection (B) above:
	I receive or have	agreed to receive compensation for	assisting a person or business entity in a trans	nsaction involving Salt Lake County.
			ner of a substantial interest in a business ent	ity that is subject to the regulation of
	Salt Lake County		of a substantial interest in a business entity the	nat does or anticipates doing business
	with Salt Lake C	County.		
			creates a potential or actual conflict with my actual conflict with my public duties.	public duties.
	I floid a personal	interest that creates a potential of a	actual conflict with my public duties.	
D.			licts of interest identified above, i.e., the naticessary. (<i>This disclosure statement will not leads</i>)	
	major disaster ded Assignment and d Human Services/G System. Deploym	clarations, public health and deployment orders are under Office of the Assistant Secret ent assignment is typically 2	th Disaster Medical Assistance Tear medical emergencies, and events of the federal authority of the U.S. Dep tary for Preparedness and Response 3 weeks depending on the event ar I Services Employment and Reempl	f national significance. partment of Health and e/National Disaster Medical nd extent of national personnel
			Raul Garcia	Digitally signed by Raul Garcia
			Covered Person's Signature	Date: 2019.01.30 12:44:47 -07'00'
		144.	Talanda	1
SU	BSCRIBED and SWOI	RN to before me thisday	of	1 .
			Wint Eduar	/2
		JEATHER FOWARDS I		
	E CO W	HEATHER EDWARDS DTARY PUBLIC -STATE OF UTAH My Comm. Exp April 28, 2020 Commission # 688784	NOTARY PUBLIC, Residing in	11 tah.



[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.) Royal DeLegge **Environmental Health** 385-468-3874 Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone 788 East Woodoak Lane, Murray Covered Person's County Address/Volunteer's Address Westminster College 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 **Adjunct Faculty** Covered person's status, relationship or commitment to the institution, entity, business or person named above 1840 South 1300 East, Salt Lake City 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.) I serve as adjunct faulty, teaching two courses; one each in the Spring and Fall semesters. SUBSCRIBED and SWORN to before me this 22 _day of _ **ASHLEY HALL** OTARY PUBLIC -STATE OF UTAH My Comm. Exp April 28, 2020 Commission # 688785



[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. PROKE 146HIMOTO, SICHD BOARD OF HEATH 601-554-2948

Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone 2792 South Convok SLL , UT 84109
Covered Person's County Address/Volunteer's Address UNIVERSITY OF UTAH \$ Q -THERAPENTICS

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 1 AM AN EMPLYTE & THE UNIVERSITY OF UTAH, I OWN STOCK IN Q THERSPEUTICS.

Covered person's status, relationship or commitment to the institution, entity, business or person named above MIN: (NES ARAPEEN) TRIVE, SW VT 84108 801-581-6047, (V: 417 WAIFARA WAY GMITE 3510 8W VT Address and phone number of the institution, entity, business or person named above 84108 801, 582-5400 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. 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 GEE ABUTE IN SECTION B. Board of Jeath Wenter SUBSCRIBED and SWORN to before me this **HEATHER EDWARDS NOTARY PUBLIC -STATE OF UTAH** My Comm. Exp April 28, 2020 Commission # 688784

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 refiled every January, as long as the potential conflict exists.

County



(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.	Clare Coonan	Member of the Salt Lake Co	unty Board of Health	801.558.2162
	Covered Person	Position, or County Division for w	hich you are employed or volunteering	County/Volunteer's Phone
	2536 S. Kenwood S	t., Salt Lake City UT 84106		
	Covered Person's County	y Address/Volunteer's Address		
В.	Adjacent Consulting	ı, LLC		
	Outside institution, entity is required in the above s		n the Covered Person has a personal or busin	ness interest for which disclosure
	President			
	Covered person's status,	relationship or commitment to the ir	stitution, entity, business or person named a	above
	2536 S. Kenwood S	t., Salt Lake City UT 84016		
	Address and phone numb	per of the institution, entity, business	or person named above	
C.	Select the category that	applies to yourself and the outside in	nstitution, entity, business or person identific	ed in subsection (B) above:
	I receive or have ag	greed to receive compensation for ass	isting a person or business entity in a transac	tion involving Salt Lake County.
		ector, agent, employee or the owner	of a substantial interest in a business entity t	hat is subject to the regulation of
	Salt Lake County.	ector agent employee or owner of a	substantial interest in a business entity that d	oes or anticinates doing husiness
	with Salt Lake Cou		substantial interest in a business entity that e	ocs of anticipates doing business
			tes a potential or actual conflict with my pu	blic duties.
	I noid a personal in	terest that creates a potential or actual	al conflict with my public duties.	
D.			of interest identified above, i.e., the nature ary. (This disclosure statement will not be a	
		ent Consulting, does consultir man Resources and the Depa	ng work with Salt Lake County gover rtment of Health.	rnment. I have provided
	Boad of Lea	11th Member		
	,			
			(T. Coon	
			Covered Person's Signature	
ST	BSCRIBED and SWORN	I to before me this	February 2019	
50	DSCRIBLD and SWORK	v to before the thisv_day or _	, 207	
Total Control	LIEATHE	R EDWARDS	XIIHI LAWOU	5
	ALOTA DV PI IR	ILIC -STATE OF UTAH	NOTARY PUBLIC, Residing in	
100000	El Marin lei Bay Comm	Exp April 28, 2020 ssion # 688784	SRIA Caro	utah
[SI	EAL		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.	Dorothea Verbrugge Salt Lake County Board of Health	
1 1.	Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phon	ie
	2576 Sage Way, Salt Lake City, UT 84109	
	Covered Person's County Address/Volunteer's Address	14
B.	Aetna, a CVS Health Care Company	
	Outside institution, entity, private business or person in which the Covered Person has a personal or business interest for which discloss is required in the above section	ure
	Employed @T NA CLARATER NO.	
	Covered person's status, relationship or commitment to the institution, entity, business or person named above	_
	10150 Centennial Pkwy, Sandy, UT 84070	
	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 Coun	ity.
	I am an officer, director, agent, employee or the owner of a substantial interest in a business entity that is subject to the regulation 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.	ess
	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 businentity or person with the County. Use more sheets if necessary. (<i>This disclosure statement will not be accepted as valid unless this see is completed.</i>)	
	Employee of Health insurance company, Aetna, and parent company CVS, that operate in Salt Lake County.	
	usudab Siljan system ferencim i postavo sociologico di como i como e conservario della comenzazione	
	Board of Jeath Member	
	A Video Bertheri Month Both Both Broken in the common of the process of the process of page 15 of the process of the common of t	
	യമായ് ക്രാവം നിവ്വം പാരായ ഇന്യാല്യയാ - ഇന്ത്യയുന്നു. വൃഹയാന് - പു. പു. ഇപ് അപ്വേദ്യ വ്യവ്യിലെ നിയുന്നു. ഇന്ത്യ	JITT
	while should be a contemporary to the more than the contemporary that the second of the contemporary of the second	
	1 State of the sta	
	Covered Person's Signature	7
CT	IBSCRIBED and SWORN to before me this	
30	A) Hu Ed war A	
	NOTARY PUBLIC, Residing in	
	NOTARY PUBLIC STATE OF UTAM My Comm. Exp April 28, 2020	
[S]	ACTION Commission # 698784 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.) Y SL COUNTY BOARD OF HEALTH 801-599-3903

Position, or County Division for which you are employed or volunteering County/Volunteer's Phone

2514 ELIZABETH ST. #4 SLC UT
Covered Person's County Address/Volunteer's Address

BLUEFIN CORP DBA TSUNAMI RESTAURANT & SUSHI BAR

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 MARKETING DIRECTOR

Covered person's status, relationship or commitment to the institution, entity, business or person named above

165 W 2950 S SLC UT 84115
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.)

Board of Health Wen be-

SUBSCRIBED and SWORN to before me this

HEATHER EDWARDS NOTARY PUBLIC -STATE OF UTAH My Comm. Exp April 28, 2020 Commission # 688784

Covered A



(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. Kelly Christensen, S.L.C. BO.H. Board Menter 90+23+5250 Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone 483 a Markhung et Draper ut 94020 Covered Person's County Address/Volunteer's Address B. ICEBERG DRWE INM, Caleys Catering, WITH Restaurant Assoc (Menky)
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 483 a Manleberry Ct Dynger Ut 84020
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. X 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.) Board of Health wenter Covered Person's Signature SUBSCRIBED and SWORN to before me this **HEATHER EDWARDS** OTARY PUBLIC -STATE OF UTAH My Comm. Exp April 28, 2020 Commission # 688784



(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. LAVANYA MAHATE BOARD OF HEALTH 801-509-1205

Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone 1098 W South Tordan Pluy #102, South Jordan, UT-84095 Covered Person's County Address/Volunteer's Address SAFFRON VALCEY. RESTAURANTS.

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 1098 W South Josdan Play \$102, S 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. 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.) Board of Health Member Covered Person's Signature SUBSCRIBED and SWORN to before me this HEATHER ED NOTARY Residing in Comm. Exp April 28, 2020 Commission # 688784 [SEA] County



(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.)

Ur	nder the provisions of the County Officers and Employees Disclosure Act, §§ 17-16a-1 et seq., U.C.A., 1953 as amended, I, the undersigned, der penalties of perjury, make the following statement regarding my personal or business interest. (<i>Type or print all information</i> .)
A.	DIRPLECTIMMANA DOS SULO BORREL EHRAHL 801-272-2765
A.	Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone
	Covered Person's County Address/Volunteer's Address
В.	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
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. (<i>This disclosure statement will not be accepted as valid unless this section is completed.</i>)
	Boad of Health Weller
	Covered Person's Signature
SU	UBSCRIBED and SWORN to before me thisday of
	- Andthe Edward
	HEATHER EDWARDS NOTARY PUBLIC -STATE OF UTAH My Comm. Exp April 28, 2020 Commission # 688784 NOTARY PUBLIC -Residing in
[S	EAL 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.)

Ur un	nder the provisions of the County Officers and Employees Disclosure Act, §§ 17-16a-1 et seq., U.C.A., 1953 as amended, I, the undersigned, der penalties of perjury, make the following statement regarding my personal or business interest. (<i>Type or print all information</i> .)
A.	Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone
	BOYN South 2350 East, SU, or 84109 Covered Person's County Address/Volunteer's Address
B.	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
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. (<i>This disclosure statement will not be accepted as valid unless this section is completed.</i>)
	Boad of Heath vehills
	Covered Person's Signature
SU	UBSCRIBED and SWORN to before me this
[8	HEATHER EDWARDS NOTARY PUBLIC -STATE OF UTAH My Comm. Exp April 28, 2020 Commission # 688784 NOTARY PUBLIC -Residing in 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. William E. Cosgrove, MD

Covered Person Position, or County Division for which you are employed or volunteering 801-573-6175 County/Volunteer's Phone 3747 PROSpector CIR, SLC, Utah 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. 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.) Board of Jenth Member Covered Person's Signature SUBSCRIBED and SWORN to before me this **HEATHER EDWARDS** NOTARY PUBLIC -STATE OF UTAH My Comm. Exp April 28, 2020 Commission # 688784