(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.)

84190

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> .)	l,
A.	Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone	301
В.	2001 South State Street Suith N2-100 South lave City, UT Covered Person's County Address/Volunteer's Address TIM Spiewak Reposter/ Anchor Kuty 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 Huspand	34
C	Covered person's status, relationship or commitment to the institution, entity, business or person named above 299 Main Street Salt lake City, ut 84111 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.	
D.	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 busines 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.) My husband, Jim Spiewak is a reporter and thereby the confliction of the relationship of each busines 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.)	n n
	eclare under criminal penalty under the law of Utah that the foregoing is true and correct. gned on the 2/ day of / Month , Year 7020	
at _	Salt lake County Government Conter City or other location, and state or county	
Prin	Moé Spiewak (Morroni) Julie T. Spiewak	
(Who T. premare	

(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.)

A. Carhenne House
Covered Person's County Address/Volunteer's Address B. Utah Foundation 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 Board Member 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.
B. Utah Foundation 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 Board Member 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.
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.
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 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 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.
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.
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>)
I serve on the board of trustees of the Utah Foundation, in a voluntary capacity. I do not receive compensation from that entity.
I declare under criminal penalty under the law of Utah that the foregoing is true and correct.
Signed on the $\frac{13}{\text{Date}}$ day of $\frac{\text{January}}{\text{Month}}$, $\frac{2020}{\text{Year}}$,
Salt Lake City, Utah, Salt Lake County
City or other location, and state or county
Catherine Kanter
Catherine Kanter

(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,

A.	Eric Biggart Senior Advisor to the Mayor	or print all information.) 87004
11.	Covered Person Position, or County Division for which you are employed or volunteering 2001 S State St. N2-100, Salt Lake City, UT 84114	County/Volunteer's Phone
В.	Covered Person's County Address/Volunteer's Address Salt Lake County Democratic Party	
٥.	Outside institution, entity, private business or person in which the Covered Person has a personal or bus is required in the above section Board Member	iness interest for which disclosure
	Covered person's status, relationship or commitment to the institution, entity, business or person named 825 N 300 W, Salt Lake City, UT 84103	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 identif	ied in subsection (B) above:
	I receive or have agreed to receive compensation for assisting a person or business entity in a transa	action involving Salt Lake County.
	I am an officer, director, agent, employee or the owner of a substantial interest in a business entity Salt Lake County.	
	I am an officer, director, agent, employee or owner of a substantial interest in a business entity that with Salt Lake County.	does or anticipates doing business
	I hold an investment or other financial interest that creates a potential or actual conflict with my pull I hold a personal interest that creates a potential or actual conflict with my public duties.	ublic duties.
D.	Give a detailed description of the actual or potential conflicts of interest identified above, i.e., the nature entity or person with the County. Use more sheets if necessary. (<i>This disclosure statement will not be a is completed.</i>)	of the relationship of each business accepted as valid unless this section
	I serve as a volunteer board member for the Salt Lake County Democratic Party and am the County Party and County Government.	primary liaison between the
I de	clare under criminal penalty under the law of Utah that the foregoing is true and correct.	
0,750	ned on the day of January , , , , , ,	
at_	Salt Lake City, UT City or other location, and state or county	
	c Biggart	
Prin	ted Name	
Sign	rature T	

(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	der 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.	Miles Reserve Associate Deputy May 385-468-7093 Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone
	2 = 1 5. State Street, N 210 , Satt Cole (the S4114) 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
	Sand member representing Catt Laut County Covered person's status, relationship or commitment to the institution, entity, business or person named above
	Covered person's status, relationship or commitment to the institution, entity, business or person named above
	4367 5 Lidge Village Dr. WVC \$4118 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>)
	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 on the board of UEEE representing Sect Lawe Country interests. Its a board member I can make votes that can interests. Its a board country's costs.
	injoid Sall Land
т.1.	
	clare under criminal penalty under the law of Utah that the foregoing is true and correct.
Sig	ned on the Ze day of San , ZJZ , Month Year
at _	Salt Latit VIII. City or other location, and state or county
	Willie Robers
Pri	ted Name
Sign	lature

(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.) Chief Financial Officer / Deputy Mayor Darrin Casper 87074 Position, or County Division for which you are employed or volunteering Covered Person County/Volunteer's Phone 2001 South State Street #N4-200 Salt Lake City, Utah 84190 Covered Person's County Address/Volunteer's Address Utah Performing Arts Center Agency 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 **Board Member** Covered person's status, relationship or commitment to the institution, entity, business or person named above 50 West 200 South Salt Lake City, UT 84101 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.) Serve as a member of the UPACA Board which is charged with acting in the best interest of The Eccles Theater. Owners of the theater are SLCounty, SLC, and SLC RDA. I declare under criminal penalty under the law of Utah that the foregoing is true and correct. Signed on the $\frac{22}{Date}$ day of $\frac{1}{Month}$, $\frac{2020}{Year}$,

Printed Name

(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.) Chief Financial Officer / Deputy Mayor Darrin Casper 87074 Position, or County Division for which you are employed or volunteering Covered Person County/Volunteer's Phone 2001 South State Street #N4-200 Salt Lake City, Utah 84190 Covered Person's County Address/Volunteer's Address Salt Palace Solar, 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 President of Salt Lake County NMTC, Inc Covered person's status, relationship or commitment to the institution, entity, business or person named above 2001 South State Street, N4-200 Salt Lake City, UT 84190 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.) Serve as President of all Salt Lake County NMTC entities. Entities are formed to act in the best interest of SLCounty residents. I declare under criminal penalty under the law of Utah that the foregoing is true and correct. Signed on the $\frac{22}{\text{Date}}$ day of $\frac{1}{\text{Month}}$, $\frac{2020}{\text{Year}}$, City or other location, and state or county

Signature

(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.) Darrin Casper Chief Financial Officer / Deputy Mayor 87074 Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone 2001 South State Street #N4-200 Salt Lake City, Utah 84190 Covered Person's County Address/Volunteer's Address Wasatch View Solar, 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 President of Salt Lake County NMTC, Inc. Covered person's status, relationship or commitment to the institution, entity, business or person named above 2001 South State Street, N4-200 Salt Lake City, UT 84190 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.) Serve as President of all Salt Lake County NMTC entities. Entities are formed to act in the best interest of SLCounty residents. I declare under criminal penalty under the law of Utah that the foregoing is true and correct. Signed on the $\frac{22}{\text{Date}}$ day of $\frac{1}{\text{Month}}$, $\frac{2020}{\text{Year}}$, City or other location, and state or 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.) Chief Financial Officer / Deputy Mayor Darrin Casper 87074 Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone 2001 South State Street #N4-200 Salt Lake City, Utah 84190 Covered Person's County Address/Volunteer's Address Salt Lake County Health Clinic, 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 President of Salt Lake County NMTC, Inc. Covered person's status, relationship or commitment to the institution, entity, business or person named above 2001 South State Street, N4-200 Salt Lake City, UT 84190 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.) Serve as President of all Salt Lake County NMTC entities. Entities are formed to act in the best interest of SLCounty residents. I declare under criminal penalty under the law of Utah that the foregoing is true and correct. Signed on the $\frac{22}{Date}$ day of $\frac{1}{Month}$, $\frac{2220}{Year}$, City or other location, and state or county Printed Name

(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.) Chief Financial Officer / Deputy Mayor Darrin Casper 87074 Position, or County Division for which you are employed or volunteering Covered Person County/Volunteer's Phone 2001 South State Street #N4-200 Salt Lake City, Utah 84190 Covered Person's County Address/Volunteer's Address Historical Capitol Theater, 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 President of Salt Lake County NMTC, Inc. Covered person's status, relationship or commitment to the institution, entity, business or person named above 2001 South State Street, N4-200 Salt Lake City, UT 84190 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.) Serve as President of all Salt Lake County NMTC entities. Entities are formed to act in the best interest of SLCounty residents. I declare under criminal penalty under the law of Utah that the foregoing is true and correct. Signed on the Date day of Month

(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.) Chief Financial Officer / Deputy Mayor Darrin Casper 87074 Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone 2001 South State Street #N4-200 Salt Lake City, Utah 84190 Covered Person's County Address/Volunteer's Address Magna Library, 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 President Covered person's status, relationship or commitment to the institution, entity, business or person named above 2001 South State Street, N4-200 Salt Lake City, UT 84190 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.) Serve as President of all Salt Lake County NMTC entities. Entities are formed to act in the best interest of SLCounty residents. I declare under criminal penalty under the law of Utah that the foregoing is true and correct. Signed on the $\frac{22}{\text{Date}}$ day of $\frac{1}{\text{Month}}$

(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.) Chief Financial Officer / Deputy Mayor Darrin Casper 87074 Position, or County Division for which you are employed or volunteering Covered Person County/Volunteer's Phone 2001 South State Street #N4-200 Salt Lake City, Utah 84190 Covered Person's County Address/Volunteer's Address Salt Lake County NMTC, 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 President Covered person's status, relationship or commitment to the institution, entity, business or person named above 2001 South State Street, N4-200 Salt Lake City, UT 84190 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.) Serve as President of all Salt Lake County NMTC entities. Entities are formed to act in the best interest of SLCounty residents. I declare under criminal penalty under the law of Utah that the foregoing is true and correct. Signed on the $\underbrace{\frac{2}{\text{Date}}}_{\text{Date}}$ day of $\underbrace{\frac{1}{\text{Month}}}_{\text{Month}}$

(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.	Erin Litvack	Chief Administrative Officer / Deputy Mayor	87005			
71.	Covered Person	Position, or County Division for which you are employed or volunteering	County/Volunteer's Phone			
	2001 South State	Street, #N2-100 Salt Lake City, Utah 84190				
	Covered Person's County	Address/Volunteer's Address				
В.	Jewish Family Se	ervices Board of Directors				
Б.	is required in the above se	, private business or person in which the Covered Person has a personal or businection	ness interest for which disclosure			
	Board Member					
		relationship or commitment to the institution, entity, business or person named	above			
		d #218, Salt Lake City, UT 84106				
	Address and phone numb	er of the institution, entity, business or person named above				
C.	Select the category that a	applies to yourself and the outside institution, entity, business or person identification.	ed in subsection (B) above:			
	I receive or have ago	reed to receive compensation for assisting a person or business entity in a transact	ction involving Salt Lake County.			
		ector, agent, employee or the owner of a substantial interest in a business entity to	that is subject to the regulation of Salt			
	Lake County. I am an officer, dire	ctor, agent, employee or owner of a substantial interest in a business entity that of	does or anticipates doing business with			
	Salt Lake County.					
	I hold an investmen	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.				
		None of the above categories apply.				
D.	Give a detailed description entity or person with the is completed.)	on of the actual or potential conflicts of interest identified above, i.e., the nature of County. Use more sheets if necessary. (<i>This disclosure statement will not be a</i>	of the relationship of each business ccepted as valid unless this section			
		for Jewish Family Services				
-						
I d	eclare under criminal penal	ty under the law of Utah that the foregoing is true and correct.				
Sig	gned on the					
	Date	Month Year				
at_	DLCIL					
	City or other location, and	state of county				
	(rin L	MOULE				
Pri	nted Name	17,00				
	CMD)	NUALK				
Sig	nature					

(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.) Erin Litvack Chief Administrative Officer / Deputy Mayor Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone 2001 South State Street, #N2-100 Salt Lake City, Utah 84190 Covered Person's County Address/Volunteer's Address Downtown Alliance Board of Directors 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 **Board Member** Covered person's status, relationship or commitment to the institution, entity, business or person named above 175 400 South #600, SLC, UT 84111 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. None of the above categories apply. 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.) Through my position at SLCounty I am a board member for Downtown Alliance Board I declare under criminal penalty under the law of Utah that the foregoing is true and correct. Signed on the Date City or other location, and state or county Printed Name

(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.} Erin Litvack	Chief Administrative Officer / Deputy Mayor	87005		
Covered Person	Position, or County Division for which you are employed or volunteering	County/Volunteer's Phone		
2001 South S	tate Street, #N2-100 Salt Lake City, Utah 84190			
Covered Person's C	ounty Address/Volunteer's Address			
Shelter the H	omeless Board of Directors			
	entity, private business or person in which the Covered Person has a personal or busi ove section	ness interest for which disclosure		
Board Membe	er			
Covered person's st	atus, relationship or commitment to the institution, entity, business or person named	above		
310 Main St S	Ste M2, Salt Lake City, UT 84101			
Address and phone	number of the institution, entity, business or person named above	3		
C. Select the category	that applies to yourself and the outside institution, entity, business or person identifi	ed in subsection (R) above:		
	we agreed to receive compensation for assisting a person or business entity in a transaction			
V 	director, agent, employee or the owner of a substantial interest in a business entity	270		
Lake County.				
I am an officer Salt Lake Cou	, director, agent, employee or owner of a substantial interest in a business entity that onty.	does or anticipates doing business		
I hold an inves	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.			
	ove categories apply.			
 Give a detailed deso entity or person wi is completed.) 	of the relationship of each business accepted as valid unless this section			
	ion at SLCounty I am a board member for Shelter the Homeless			
		la		
declare under criminal	penalty under the law of Utah that the foregoing is true and correct.			
signed on the	day of Van 2020			
Date	Month Year			
SLC)				
City or other location	, and state or county			
Crin	Litrack			
rinted Name	THOUGH			

(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. Erin Litvack Chief Administrative Officer / Deputy Mayor Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone 2001 South State Street, #N2-100 Salt Lake City, Utah 84190 Covered Person's County Address/Volunteer's Address State Homeless Coordinating Committee 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 **Board Member** Covered person's status, relationship or commitment to the institution, entity, business or person named above 1385 South State StreetSalt Lake City 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 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. None of the above categories apply. 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.) Through my position at SLCounty I am a board member for Sate Homeless Coordinating Committee I declare under criminal penalty under the law of Utah that the foregoing is true and correct. Signed on the City or other location, and state or 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*.)

A.	Erin Litvack	Chief Administrative Officer / Deputy Mayor	87005	
11.	Covered Person	Position, or County Division for which you are employed or volunteering	County/Volunteer's Phone	
	2001 South State	e Street, #N2-100 Salt Lake City, Utah 84190		
	Covered Person's County	Address/Volunteer's Address		
В.	David Litvack			
	Outside institution, entity is required in the above se	, private business or person in which the Covered Person has a personal or busi ection	ness interest for which disclosure	
	Salt Lake City	6		
	Covered person's status,	relationship or commitment to the institution, entity, business or person named	above	
	451 South State	Street, Salt Lake City, UT 84114		
	Address and phone numb	er 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 identifi	ed in subsection (B) above:	
		reed to receive compensation for assisting a person or business entity in a transaction		
		ector, agent, employee or the owner of a substantial interest in a business entity		
	I am an officer, dire	ector, agent, employee or owner of a substantial interest in a business entity that	does or anticipates doing business with	
	Salt Lake County.	at or other financial interest that creates a potential or actual conflict with my pu	ublic duties	
		terest that creates a potential or actual conflict with my public duties.	one dures.	
	None of the above of	categories apply.		
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>)			
		Lake City under Mayor Mendenhall		
	"			
Ιd	eclare under criminal pena	lty under the law of Utah that the foregoing is true and correct.		
	72	0000		
518	gned on the Date day	Month , Year		
	SILIT			
at _	City or other location, and	1 state or county		
	Erin LA	SVARK		
Pri	nted Name	HVulk		
Sie	nature			

(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.	Erin Litvack	Chief Administrative Officer / Deputy Mayor	87005		
	Covered Person	Position, or County Division for which you are employed or volunteering	County/Volunteer's Phone		
	2001 South State	e Street, #N2-100 Salt Lake City, Utah 84190			
	Covered Person's County	Address/Volunteer's Address			
В.	Visit Salt Lake Bo	pard of Directors			
Б.	Outside institution, entity is required in the above se	, private business or person in which the Covered Person has a personal or businection	ness interest for which disclosure		
	Board Member				
	Covered person's status,	relationship or commitment to the institution, entity, business or person named a	above		
	90 South West To	emple, Salt Lake City, Utah 84101			
	Address and phone numb	er 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 identific	ad in subspection (D) about		
С.	100 mm	reed to receive compensation for assisting a person or business entity in a transac			
		ector, agent, employee or the owner of a substantial interest in a business entity t			
	Lake County.	ector, agent, employee of the owner of a substantial interest in a business entity t	hat is subject to the regulation of Sa.		
		ctor, agent, employee or owner of a substantial interest in a business entity that d	loes or anticipates doing business wi		
	Salt Lake County. I hold an investmen	t or other financial interest that creates a potential or actual conflict with my pul	blic duties		
	I hold a personal interest that creates a potential or actual conflict with my public duties.				
	None of the above of	None of the above categories apply.			
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.) Through my position a	t SLCounty I am a board member for Visit Salt Lake			
T J.		leaded to the land of the land			
I de	ciare under criminal penal	Ity under the law of Utah that the foregoing is true and correct.			
Sig	ned on the Date day	of Month, Year,			
	SIC 14	VIONIN 1 Cal			
at _	JLL, D	1			
(City or other location, and	state or county			
D :	Crincit	Nack			
Pru	nted(Name	1270/4/1/2			
Sig	nature				

(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.	Erin Litvack	Chief Administrative Officer / Deputy Mayor	87005		
	Covered Person	Position, or County Division for which you are employed or volunteering	County/Volunteer's Phone		
	2001 South State	Street, #N2-100 Salt Lake City, Utah 84190			
	Covered Person's County	Address/Volunteer's Address			
В.	Department Herit	age and Arts Museum Board			
Д.	Outside institution, entity is required in the above se	, private business or person in which the Covered Person has a personal or businection	ness interest for which disclosure		
	Board Member				
	Covered person's status, i	relationship or commitment to the institution, entity, business or person named a	above		
	1000 South 600 \	West SLC, UT 84119			
	Address and phone numb	er 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 identific	ed in subsection (B) above:		
О.		reed to receive compensation for assisting a person or business entity in a transac			
		ector, agent, employee or the owner of a substantial interest in a business entity t			
	Lake County.	•			
	I am an officer, dire Salt Lake County.	ctor, agent, employee or owner of a substantial interest in a business entity that d	loes or anticipates doing business with		
		t or other financial interest that creates a potential or actual conflict with my pul	blic duties.		
		I hold a personal interest that creates a potential or actual conflict with my public duties.			
	None of the above of	rategories apply.			
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</i>			
		t SLCounty I am a board member for Department Heritage and Arts Mus	seum Board		
	6000 00 00		5 30" 800		
I de	eclare under criminal penal	Ity under the law of Utah that the foregoing is true and correct.			
	23	000 3000			
Sig	gned on the $\frac{OJ}{Date}$ day	Month , Year			
	5111				
at _	City or other location, and	state or county			
1	11 17	ael			
(
?rii	nted Name	40,00			
	(Ind)	1 Walk			
Sia	nature				

(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.	Erin Litvack	Chief Administrative Officer / Deputy Mayor	87005			
11.	Covered Person	Position, or County Division for which you are employed or volunteering	County/Volunteer's Phone			
	2001 South State	Street, #N2-100 Salt Lake City, Utah 84190				
	Covered Person's County	Address/Volunteer's Address				
В.	Housing Connect					
	Outside institution, entity is required in the above se	, private business or person in which the Covered Person has a personal or businession	ness interest for which disclosure			
	Board Member					
		relationship or commitment to the institution, entity, business or person named	above			
	3595 South Main	Streer SLC, UT 84119				
	Address and phone number	er of the institution, entity, business or person named above				
C.	Select the category that a	applies to yourself and the outside institution, entity, business or person identific	ed in subsection (B) above:			
	I receive or have agr	reed to receive compensation for assisting a person or business entity in a transac	ction involving Salt Lake County.			
	I am an officer, dire Lake County.	ctor, agent, employee or the owner of a substantial interest in a business entity t	that is subject to the regulation of Salt			
	I am an officer, direct	ctor, agent, employee or owner of a substantial interest in a business entity that c	loes or anticipates doing business with			
	Salt Lake County.	t or other financial interest that creates a potential or actual conflict with my pu	blic duties			
		erest that creates a potential or actual conflict with my public duties.	one duties.			
	None of the above c	None of the above categories apply.				
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				
		t SLCounty I am a board member for Housing Connect				
I d	eclare under criminal penal	ty under the law of Utah that the foregoing is true and correct.				
Sig	gned on the day	of Jan 2020				
	Date	Month 'Year'				
at_	SLC, DT					
	City or other location, and	state or county				
	Erin LH	Jack				
Pri	n(ed Name	1211				
	(pm)	Mall				
Sig	nature					

(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*.)

Frin Lityack Chief Administrative Officer / Deputy Mayor 87005

A.	Erin Litvack	Chief Administrative Of	ficer / Deputy Mayor	87005			
	Covered Person 2001 South State	Position, or County Division for we Street, #N2-100 Salt La	hich you are employed or volunteering ake City, Utah 84190	County/Volunteer's Phone			
		Povered Person's County Address/Volunteer's Address					
В.	UPD Board of Dir	ectors					
	is required in the above se		h the Covered Person has a personal or busin	ess interest for which disclosure			
	Board Member						
		8.	nstitution, entity, business or person named a West, Room 115A SLC, UT 84				
	Address and phone numb	er of the institution, entity, business	or person named above				
C.	Select the category that a	applies to yourself and the outside in	nstitution, entity, business or person identifie	d in subsection (B) above:			
	I receive or have ag	reed to receive compensation for ass	isting a person or business entity in a transact	ion involving Salt Lake County.			
	Lake County.		of a substantial interest in a business entity the substantial interest in a business entity that do				
	Salt Lake County. I hold an investmen	t or other financial interest that crea	tes a potential or actual conflict with my pub	, ,			
		I hold a personal interest that creates a potential or actual conflict with my public duties. None of the above categories apply.					
D.	Give a detailed description	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</i>					
		t SLCounty I am a board membe	er for UPD				
I d	~ ~	Ity under the law of Utah that the fo	regoing is true and correct.				
Sig	gned on the Date day	of Van Year					
at _	SLL, DT						
-	City or other location, and	state or county					
t	erin Lity	ggk.					
Pri	ted Name	THVall.					
Sie	nature						

(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.) ZE Min Xaio Director, Office for New Americans 3854684861 Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone 2001 south state Street, N1-130 Covered Person's County Address/Volunteer's Address The Christian Center of Park City 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 National Advisory Board Covered person's status, relationship or commitment to the institution, entity, business or person named above 1283 Deer Valley Dr. Park City, Utah 84060 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 is completed.) The Christian Center of Park City might engage in business with Salt Lake County I declare under criminal penalty under the law of Utah that the foregoing is true and correct. Signed on the $\frac{17}{\text{Date}}$ Salt Lake City City or other location, and state or county Ze Min Xiao

Signature

Printed Name

Ze Xiao

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.

Digitally signed by Ze Xiao

Date: 2020.01.17 17:02:51 -07'00'

(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.	Ze Min Xiao	Dirctor,	Office for Ne	ew Americans	3854684861
	Covered Person	Position, or	County Division f	for which you are employed or volunteering	County/Volunteer's Phone
	2001 South STate	e STreet	, N1-130		
	Covered Person's County	Address/Vo	lunteer's Address		
В.	Utah Asian Charit	able Fo	undation		
	is required in the above sec	ction	iness or person in v	which the Covered Person has a personal or be	usiness interest for which disclosure
	Board of Directors	3			
	Covered person's status, re	elationship o	or commitment to the	he institution, entity, business or person name	ed above
	PO Box 3179				
	Address and phone number	r of the inst	itution, entity, busin	ness or person named above	
C.				de institution, entity, business or person ident	
	I receive or have agre	eed to receiv	e compensation for	r assisting a person or business entity in a tran	saction involving Salt Lake County.
	Salt Lake County.			ner of a substantial interest in a business entit	m 10-20 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
	I am an officer, direct with Salt Lake Count	tor, agent, e	mployee or owner	of a substantial interest in a business entity that	at does or anticipates doing business
		•	ancial interest that	creates a potential or actual conflict with my	nublic duties
	I hold a personal inte	rest that cre	ates a potential or a	actual conflict with my public duties.	paone daties.
D.	Give a detailed description	n of the actu	al or potential conf	licts of interest identified above i.e. the natur	re of the relationship of each business
	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>)				
		ortunities f	ion the Little Asia	Observable E. L. C.	
	There are possible opp	orturnues i	or the Otan Asiar	n Charitable Foundation to receive funding	g from Salt Lake County.
l de	clare under criminal penalty	v under the	law of Litab that the	e foregoing is true and correct.	
			2020	e foregoing is true and correct.	
Sig	ned on the $\frac{17}{\text{Date}}$ day of	f January Month	$\frac{7020}{\text{Year}}$		
5	Salt Lake Ctiy	111011111	1 0		
it _	City or other location, and s	state or cou	ntv	-	
	Min Xiao ted Name				
	W1	Digitally signe	ed by Ze Xiao		
			1.17 16:59:06 -07'00'		

Signature

(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.	Ze Min Xiao Director, Office for New Americans	3854684861			
	Covered Person Position, or County Division for which you are employed or volunteering	County/Volunteer's Phone			
	2001 South State Street, N1-130, Salt Lake City, Utah 84190				
	Covered Person's County Address/Volunteer's Address				
В.	Welcoming America				
	Outside institution, entity, private business or person in which the Covered Person has a personal or busi is required in the above section	ness interest for which disclosure			
	Community Advisory Board				
	Covered person's status, relationship or commitment to the institution, entity, business or person named	above			
	315 West Ponce de Leon Avenue, Suite 900 Decature, GA 30030				
	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 identification.	ed in subsection (B) above:			
	I receive or have agreed to receive compensation for assisting a person or business entity in a transaction	tion involving Salt Lake County.			
	I am an officer, director, agent, employee or the owner of a substantial interest in a business entity to Salt Lake County.	hat is subject to the regulation of			
	I am an officer, director, agent, employee or owner of a substantial interest in a business entity that d with Salt Lake County.	oes or anticipates doing business			
	I hold an investment or other financial interest that creates a potential or actual conflict with my pul	olic 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 busines 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.)				
	Salt Lake County is a member of Welcoming America				
I de	eclare under criminal penalty under the law of Utah that the foregoing is true and correct.				
	17 January 2020				
Sig	ned on the Transport day of Month , Year , Year				
	Salt Lake City				
at _	City or other location, and state or county				
	Min Xiao				
ALC: NO.	nted Name				
500000000	Digitally signed by Ze Xiao Pate: 2020 01 17 16:27:06 -07:00'				
<u>ر</u>	Date: 2020.01.17 16:27:06 -07'00'				

Signature

(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.	Ze Min Xiao Director, Office for New Americans 3854684861					
	Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone					
	2001 south state street, N1-130					
	Covered Person's County Address/Volunteer's Address					
В.	Utah Humanities					
	Outside institution, entity, private business or person in which the Covered Person has a personal or business interest for which disclosur is required in the above section					
	202 South 300 North Salt Lake City, Utah 84103					
	Covered person's status, relationship or commitment to the institution, entity, business or person named above					
	Board of Directors					
	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.						
υ.	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.)					
	Utah Humanities receives grant funding from Salt Lake County					
I de	clare under criminal penalty under the law of Utah that the foregoing is true and correct.					
515	ned on the Tate day of Month , 2020, Year,					
at _	alt Lake City					
(ity or other location, and state or county					
Ze	Min Xiao					
Prin	ted Name					
Z	P Xiao Digitally signed by Ze Xiao Date: 2020.01.17 16:21:53 -07'00'					
	Ofure					

(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.	Ze Min Xiao Director, Office for New Americans	3854684861			
	Covered Person Position, or County Division for which you are employed or volunteering	County/Volunteer's Phone			
	2001 south state street, N1-130				
	Covered Person's County Address/Volunteer's Address				
В.	Zions Bank				
	Outside institution, entity, private business or person in which the Covered Person has a personal or b is required in the above section	usiness interest for which disclosure			
	Community Advisory				
	Covered person's status, relationship or commitment to the institution, entity, business or person name	ed above			
	1st , Main Street, Salt Lake City, Utah 84133				
	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 identification.	tified in subsection (B) above:			
	I receive or have agreed to receive compensation for assisting a person or business entity in a tran	saction involving Salt Lake County.			
	I am an officer, director, agent, employee or the owner of a substantial interest in a business entities Salt Lake County.	ty that is subject to the regulation of			
	I am an officer, director, agent, employee or owner of a substantial interest in a business entity the	at does or anticipates doing business			
	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 businessentity 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>)				
	Zions Bank is a vendor of Salt Lake County				
I de	eclare under criminal penalty under the law of Utah that the foregoing is true and correct.				
	ened on the 17 day of January , 2020				
oig	Date Month 'Year'				
at _	Salt lake City				
(City or other location, and state or county				
Ze	Min Xiao				
	nted Name				
Ze	Digitally signed by Ze Xiao Date: 2020.01.17 16:30:15 -07'00'				
Zia.	notive				

(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.	Ze Min Xiao	Director, Office for	New Americans	3854684861	
	Covered Person	Position, or County Division	for which you are employed or volunteering	County/Volunteer's Phone	
	2001 South State	e STreet, N1-130			
	Covered Person's Count	y Address/Volunteer's Address	S		
В.	Governor's Multi	-cultural Commission	ſ		
_,	Outside institution, entity is required in the above s	y, private business or person in section	which the Covered Person has a personal or busing	ness interest for which disclosure	
	Commissioner				
	Covered person's status,	relationship or commitment to	the institution, entity, business or person named	above	
	Utah capitol				
	Address and phone numb	per of the institution, entity, but	siness or person named above		
C.	Select the category that	applies to yourself and the out	side institution, entity, business or person identifi	ed in subsection (B) above:	
			or assisting a person or business entity in a transaction		
	I am an officer, dire Salt Lake County.	ector, agent, employee or the o	wner of a substantial interest in a business entity	that is subject to the regulation of	
	I am an officer, dire	ector, agent, employee or owne	r of a substantial interest in a business entity that of	loes or anticipates doing business	
	with Salt Lake Cou	inty.	t creates a potential or actual conflict with my pu		
	I hold a personal in	iterest that creates a potential or	r actual conflict with my public duties.	blic 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 busines 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>)				
	The Governor's Multion	cultural Commission is an ad	dvisory group to the governor on polices that	might effect Salt Lake county	
l de	clare under criminal pena	lty under the law of Utah that t	he foregoing is true and correct.		
Sig	ned on the 17 Date day	of $\frac{\text{January}}{\text{Month}}$, $\frac{2020}{\text{Year}}$,			
st_	Salt Lake City				
C	city or other location, and	d state or county			
Ze	Min Xiao				
rin	ted Name				
Ze	e Xiao	Digitally signed by Ze Xiao Date: 2020.01.17 16:35:32 -07'00			
Ţ.			<u>-</u>		

Signature

(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.	Ze Min Xiao	Director, Office for N	ew Americans	3854684861			
	Covered Person	Position, or County Division for	or which you are employed or volunteering	County/Volunteer's Phone			
	2001 South State	STreet, N1-130					
	Covered Person's County	Address/Volunteer's Address		en-			
В.	Governor's Refug	gee Advisory Committ	ee				
	Outside institution, entity, is required in the above se	, private business or person in wection	hich the Covered Person has a personal or busi	ness interest for which disclosure			
	Advisory Board						
	Covered person's status, r	relationship or commitment to the	ne institution, entity, business or person named	above			
	Utah Capitol						
	Address and phone number	er of the institution, entity, busin	ness or person named above				
C.	Select the category that a	applies to yourself and the outside	de institution, entity, business or person identifi	ed in subsection (B) above:			
	I receive or have agr	reed to receive compensation for	assisting a person or business entity in a transaction	ction involving Salt Lake County.			
	I am an officer, directly Salt Lake County.	ctor, agent, employee or the own	ner of a substantial interest in a business entity	that is subject to the regulation of			
		ctor, agent, employee or owner o	of a substantial interest in a business entity that	does or anticipates doing business			
	I hold an investment	I hold an investment or other financial interest that creates a potential or actual conflict with my public duties.					
	I hold a personal into	erest that creates a potential or a	actual conflict with my public duties.				
D.	Give a detailed description entity or person with the is completed.)	on of the actual or potential confl County. Use more sheets if nec	licts of interest identified above, i.e., the nature essary. (This disclosure statement will not be a	of the relationship of each business accepted as valid unless this section			
	The refugee advisory	committee provides advise to	the Governor on polices that might effect	Salt Lake County			
I de	eclare under criminal penal	ty under the law of Utah that the	e foregoing is true and correct.				
Sig	ned on the 17 day of						
	Date	Month Year					
at_	Salt Lake City						
(City or other location, and	state or county					
Ze	Min Xiao						
	nted Name	Digitally signed by 75 Vi					
2	e Xiao	Digitally signed by Ze Xiao Date: 2020.01.17 16:50:21 -07'00'					

Signature

(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.	Ze Min Xiao Director, Office for New Americans 3854684861				
	Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone				
	2001 South State Street, N1-130				
	Covered Person's County Address/Volunteer's Address				
B.	The Children Center				
	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				
	Board of Directors				
	Covered person's status, relationship or commitment to the institution, entity, business or person named above				
	350 South 400 East, Salt Lake City, Utah 84111				
	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 busines 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.)				
	The Children Center has been a recipient of grant funding from Salt Lake County.				
I de	clare under criminal penalty under the law of Utah that the foregoing is true and correct.				
	ned on the 17 day of January 2020				
Sig	Date Month 'Year'				
	Salt Lake County				
at _	City or other location, and state or county				
Ze	Min Xiao				
	ted Name				
Z	Digitally signed by Ze Xiao Date: 2020.01.17 16:17:56 -07'00'				
	nature				

(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.	Emma E. Houston	801-557-0867
100 TE	Covered Person Position, or County Division for which you are employed or volunteering	County/Volunteer's Phone
	908 Elgin Avenue - Salt Lake City, Utah 84106	
	Covered Person's County Address/Volunteer's Address	
B.	National MS Society, Utah-Southern Idaho Chapter	
	Outside institution, entity, private business or person in which the Covered Person has a personal or bus is required in the above section	iness interest for which disclosure
	Training Consultant	
	Covered person's status, relationship or commitment to the institution, entity, business or person named	above
	1440 Foothill Drive, Suite 200 Salt Lake City, Utah 84108 - 801-523-4251	
	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	ied in subsection (B) above:
	I receive or have agreed to receive compensation for assisting a person or business entity in a transaction	ction involving Salt Lake County.
	I am an officer, director, agent, employee or the owner of a substantial interest in a business entity Salt Lake County.	
	I am an officer, director, agent, employee or owner of a substantial interest in a business entity that with Salt Lake County.	does or anticipates doing business
	I hold an investment or other financial interest that creates a potential or actual conflict with my pull I hold a personal interest that creates a potential or actual conflict with my public duties.	blic duties.
D.	Give a detailed description of the actual or potential conflicts of interest identified above, i.e., the nature entity or person with the County. Use more sheets if necessary. (<i>This disclosure statement will not be a is completed.</i>)	of the relationship of each business accepted as valid unless this section
	Contacted through personal business (Brighter Day Productions, LLC) to con National MS Society, Utah Southern Idaho Chapter.	duct Board training for the
		\wedge
	Enima Ettorut	
	Covered Person's Signature	
SUI	SSCRIBED and SWORN to before me this 2 day of 0 annum, 20 20.	
	$\mathcal{O}_{\mathcal{I}}$	
	DESTINY GARCIA	
	NOTARY PUBLIC - STATE OF UTAH NOTARY PUBLIC, Residing in	1- A
	My Comm. Exp 02/05/2023 Saft Lake CO	inty ut
SE	Commission # 704425	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.)

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.	Emma E. Houston	Mayor's Office		385-468-7014
	Covered Person	Position, or County Division for wh	ich you are employed or volunteering	County/Volunteer's Phone
	908 East Elgin Avenue	e Salt Lake City, Utah 84106		
		y Address/Volunteer's Address		
3.	Brighter Day Production			
			the Covered Person has a personal or busing	ness interest for which disclosure
	is required in the above s	section		
	Owner & CEO	1.2 12 2.31.31		3.
		E	stitution, entity, business or person named	above
	P.O. Box 521206	Salt Lake City, Utah 84152	801-557-0867	
	Address and phone numb	ber of the institution, entity, business of	or person named above	
	Select the category that	applies to yourself and the outside ins	stitution, entity, business or person identifi	ed in subsection (B) above:
	I receive or have ag	greed to receive compensation for assis	sting a person or business entity in a transaction	ction involving Salt Lake County.
	I am an officer, dir Salt Lake County.	ector, agent, employee or the owner of	f a substantial interest in a business entity	that is subject to the regulation of
	I am an officer, dire with Salt Lake Cou		ubstantial interest in a business entity that	does or anticipates doing business
			es a potential or actual conflict with my pu	ablic duties.
	I hold a personal in	nterest that creates a potential or actual	l conflict with my public duties.	
).			of interest identified above, i.e., the nature y. (This disclosure statement will not be a	
	Responsible for the cred		ts. This includes overall event design, bran	
	communication strategy	, audio-visual production, script writi	ing, logistics, budgeting, negotiation, and	client service
			national organizations outside of Salt Lak	
		iner or consultant for local organization development, networking, etc.	ons in developing their strategic plans as the	ney relate to diversity, inclusion, eq
			\wedge	
			Ervina & Howen	
		e	China & Houth	
			Covered Person's Signature	•
U.	BSCRIBED and SWORN	to before me thisday of		•
			NOTARY PUBLIC, Residing in	
			NOTART TODLIC, Residing in	

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

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.	Emma E. Houston	Mayor's Office		385-468-7014	
	Covered Person	Position, or County Division f	or which you are employed or volunteering	County/Volunteer's Phone	
	908 East Elgin Avenu	e Salt Lake City, Utah 841	06		
		y Address/Volunteer's Address			
В.	Alpha Kappa Alpha So	prority, Incorporated - Upsilon B	eta Omega Chapter		
			which the Covered Person has a personal or bus	iness interest for which disclosure	
	is required in the above	section			
	Chapter Vice Presider				
	Covered person's status	relationship or commitment to t	he institution, entity, business or person named	above	
	P.O. Box 271041	Salt Lake City, Utah 841			
	Address and phone num	ber of the institution, entity, busi	ness or person named above		
C.	Select the category that	applies to yourself and the outsi	de institution, entity, business or person identif	ied in subsection (B) above:	
	I receive or have a	greed to receive compensation fo	r assisting a person or business entity in a transa	ction involving Salt Lake County.	
	I am an officer, die Salt Lake County.	rector, agent, employee or the ow	oner of a substantial interest in a business entity	that is subject to the regulation of	
	I am an officer, dir		of a substantial interest in a business entity that	does or anticipates doing business	
	with Salt Lake Co	ACCOUNT TO THE PROPERTY OF THE		-1 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
			creates a potential or actual conflict with my pu actual conflict with my public duties.	iblic 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 sectio is completed.</i>)				
	Act reasonably and in g		rest of the organization and its members. Place nd regulations that apply to the organization.	the interest of the organization	
	No actual or potential	conflict with this organization.			
			Erina Etterne L		
			Covered Person's Signature		
CII	DSCDIDED and SWODN	I to before me this day	of		
50	DOCIMEDED and 5 WORK	to before me misday	, 20	ė.	
			NOTARY PUBLIC, Residing in		
			To The Tobbie, Residing in		
[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.	Emma E. Houston	Mayor's Office		385-468-7014
	Covered Person		which you are employed or volunteering	County/Volunteer's Phone
	908 East Elgin Avenue	Salt Lake City, Utah 84106		
	Covered Person's County	Address/Volunteer's Address		
В.	Pastor France A. Davis	Scholarship Foundation		
	Outside institution, entity,	, private business or person in whi	ch the Covered Person has a personal or busi	ness interest for which disclosure
	is required in the above se	ection		
	Development Director			
	Covered person's status, r	elationship or commitment to the	institution, entity, business or person named	above
	1090 South State Street			
	Address and phone number	er of the institution, entity, busines	ss or person named above	
C.	Select the category that a	applies to yourself and the outside	institution, entity, business or person identifi	ed in subsection (B) above:
	I receive or have agr	reed to receive compensation for as	ssisting a person or business entity in a transact	ction involving Salt Lake County.
	I am an officer, dire	ctor, agent, employee or the owner	r of a substantial interest in a business entity	that is subject to the regulation of
	Salt Lake County.	ctor agent employee or owner of	a substantial interest in a business entity that of	doog on outisinates de la electrica
	with Salt Lake Cour	ity.	a substantial interest in a business entity that t	loes of anticipates doing business
	I hold an investment	t or other financial interest that cre	ates a potential or actual conflict with my pu	blic duties.
	I hold a personal int	erest that creates a potential or act	ual conflict with my public duties.	
D.	Give a detailed description	on of the actual or potential conflic	ts of interest identified above, i.e., the nature	of the relationship of each busine
	entity or person with the	County. Use more sheets if necess	sary. (This disclosure statement will not be a	ccepted as valid unless this section
	is completed.) Act reasonably and in 90	and faith Consider the hest interes	t of the organization and its members. Place	the interest of the organization
	first. Act within the scope	of the law. Follow the rules and	regulations that apply to the organization.	the interest of the organization
	No actual or potential con			
	Provides leadership develop	oment training for members of the	congregation.	
			0	
			Emma Ettowsk	
			CMMa Catomit	
			Covered Person's Signature	
OLI	DOODIDED LOWODX			
3U.	DOCKIBED and SWORN	to before me thisday of	, 20	
			NOTARY PUBLIC, Residing in	
[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.	Emma E. Houston	Mayor's Office			385-468-7014
71.	Covered Person	Position, or County Div	ision for whic	h you are employed or volunteering	County/Volunteer's Phone
	908 East Elgin Avenue	Salt Lake City, Ut	ah 84106		
		Address/Volunteer's Ad			
В.	Huntsman Cancer Insti	tute			
7.0	Outside institution, entity is required in the above s	, private business or pers	on in which th	ne Covered Person has a personal or busi	ness interest for which disclosure
	Advocate Spokesperso				
	Covered person's status,	relationship or commitm	ent to the insti	tution, entity, business or person named	above
	2000 Circle of Hope	Salt Lake City, U			
	Address and phone numb	per of the institution, enti-	ty, business or	person named above	
C.	Select the category that	applies to yourself and the	ne outside inst	itution, entity, business or person identifi	ied in subsection (B) above:
	I receive or have ag	greed to receive compensa	ntion for assist	ing a person or business entity in a transa	ction involving Salt Lake County.
	Salt Lake County.			a substantial interest in a business entity	
	I am an officer, dir		owner of a su	bstantial interest in a business entity that	does or anticipates doing business
	with Salt Lake Cou I hold an investme I hold a personal in	nt or other financial inter	est that creates	s a potential or actual conflict with my pu conflict with my public duties.	ıblic duties.
D.	Give a detailed descript entity or person with th is completed.)	ion of the actual or potent e County. Use more shee	ial conflicts of	f interest identified above, i.e., the nature v. (This disclosure statement will not be a	of the relationship of each business accepted as valid unless this section
	Volunteer advocate and	d spokesperson for Hunts	man Cancer F	Coundation	
	*31	Giot			
	*No actual or potential or Provides support and in	out as it relates to receiving	ng services for	r under-served populations.	
	Welcoming Ambassado	r for employees from eth	nically/racially	y/culturally diverse demographics recruit	ed to Utah to work for the Institute
				Emma E How	
				Covered Person's Signature	
SU	JBSCRIBED and SWORI	N to before me this	day of	, 20	-
				NOTARY PUBLIC, Residing in	
ſS	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.	Emma E. Houston Mayor's Office		385-468-7014
	Covered Person Position, or County Division for w	hich you are employed or volunteering	County/Volunteer's Phone
	908 East Elgin Avenue Salt Lake City, Utah 84106		
	Covered Person's County Address/Volunteer's Address		
B	International Disaster Relief Committee - Alpha Kappa Al	nha Sorority Incorporated	
Ь.	Outside institution, entity, private business or person in which	h the Covered Person has a personal or busi	ness interest for which disclosure
	is required in the above section	and the second of the second o	mess interest for which disclosure
	Committee Member		
	Covered person's status, relationship or commitment to the in	stitution, entity, business or person named	above
	Address and phone number of the institution, entity, business	or person named above	
	Alpha Kappa Alpha Sorority, Incorporated 5656 South Stony	Island Avenue- Chicago, Illinois 60637	
C.	Select the category that applies to yourself and the outside in	nstitution, entity, business or person identif	ied in subsection (B)
abo	ove:		
	I receive or have agreed to receive compensation for assi	isting a person or business entity in a transac	tion involving Salt Lake County.
	I am an officer, director, agent, employee or the owner of Salt Lake County.	of a substantial interest in a business entity t	hat is subject to the regulation of
	I am an officer, director, agent, employee or owner of a swith Salt Lake County.	substantial interest in a business entity that of	loes or anticipates doing business
	I hold an investment or other financial interest that creat I hold a personal interest that creates a potential or actual	tes a potential or actual conflict with my pulal conflict with my public duties.	blic 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 busines
ent	ity or person with the County. Use more sheets if necessary. ((This disclosure statement will not be accept	ted as valid unless this section
	completed.) t reasonably and in good faith. Consider the best interest of the	e organization and its members. Place the i	nterest of the organization
firs	st. Act within the scope of the law. Follow the rules and regula	tions that apply to the organization.	
As	a member of the International Disaster Relief Committee, I ha	we the responsibility to ensure that the com	mittee does the best work
pos	ssible in pursuit of its goals and to design curriculum and train	ing to ensure members are adequately prepa	red should disaster strike.
	*No actual or potential conflict with this international organizates responsibility for relating information on disasters that may im	ation. I serve as the regional contact person pact members.	for the organization with the
		Emma & Howen	-
		Covered Person's Signature	
SU	BSCRIBED and SWORN to before me thisday of _	20	
		NOTARY PUBLIC, Residing in	
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.	Emma E. Houston	Mayor's Office		385-468-7014		
	Covered Person	Position, or County Division for whi	ch you are employed or volunteering	County/Volunteer's Phone		
	908 East Elgin Avenue	Salt Lake City 1 Hob 94106				
		Salt Lake City, Utah 84106 y Address/Volunteer's Address				
В.	Community Advisory	Board (CAB) - Huntsman Cancer Insti	tute			
Outside institution, entity, private business or person in which the Covered Person has a personal or business interest for we is required in the above section				ness interest for which disclosure		
	Advisory Board Memb					
	Covered person's status,	relationship or commitment to the inst	itution, entity, business or person named a	above		
	2000 Circle of Hope	Salt Lake City, Utah 84112	801-581-4485			
	Address and phone numb	per of the institution, entity, business of	person named above			
C.	Select the category that	ed in subsection (B) above:				
			S 8000 A	3		
	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, dire	ector, agent, employee or owner of a su	bstantial interest in a business entity that d	oes 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.) Act reasonably and in good faith. Consider the best interest of the organization and its members. Place the interest of the organization					
first. Act within the scope of the law. Follow the rules and regulations that apply to the organization.						
	Volunteer advocate for the Cancer Advisory Committee for Huntsman Cancer Institute. Provides input and recommendations for cancer pati along with strategic and inclusive community input regarding local and regional factors that impact HCI's mission.					
	8		recommended that impact 1101			
	*No actual or potent	ial conflict. Provides support and inpu	t for strategies as it relates to receiving se	rvices for underserved populations.		
			0)		
			8 1 6 1)		
Enina Ethrusta						
			Covered Person's Signature			
SUBSCRIBED and SWORN to before me thisday of, 20						
	J.u.		, 20			
NOTARY PUBLIC, Residing in						
LGE	CAL]		County	State		
LOI	// XL/		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 refiled every January, as long as the potential conflict exists.

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.	Emma E. Houston Mayor's Office		385-468-7014				
	Covered Person Position, or County Division for wh	ich you are employed or volunteering	County/Volunteer's Phone				
	908 East Elgin Avenue Salt Lake City, Utah 84106						
	Covered Person's County Address/Volunteer's Address						
n	Anna Stinha Canaga Fayardatia						
В.	Anne Stirba Cancer Foundation Outside institution, entity, private business or person in which	the Covered Person has a personal or busi	ness interest for which disclosure				
	is required in the above section	and a personal or outline	mess interest for which disclosure				
	Advocate Spokesperson						
	Covered person's status, relationship or commitment to the ins	titution, entity, business or person named	above				
	215 South State Street #750 Salt Lake City, Utah 84111 801-364-8300						
	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 su	ibstantial interest in a business entity that of	loes 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.)						
	Volunteer advocate and spokesperson for Judges Run for Ann	e Stirba Cancer Foundation and Night off	from Cancer Celebration.				
	* No actual or potential conflict. Provides support for annual cancer thriver gala and Judges 5K Run						
Enma Etherwin							
		Covered Person's Signature					
CII	SUBSCRIPED and SWODN to before me this						
SUBSCRIBED and SWORN to before me thisday of, 20							
		NOTARY PUBLIC, Residing in					
[SE	AL]	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.)

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.	Emma E. Houston	Mayor's Office		385-468-7014
		osition, or County Division for whic	h you are employed or volunteering	County/Volunteer's Phone
	908 East Elgin Avenue	Salt Lake City, Utah 84106	8	
	Covered Person's County A	.ddress/Volunteer's Address		
В.	Utah Martin Luther King			
	Outside institution, entity, p is required in the above sect		ne Covered Person has a personal or busing	iness interest for which disclosure
	Board Member/Board Chair			
	Covered person's status, rela	ationship or commitment to the insti	tution, entity, business or person named	above
		nde Street - Salt Lake City, Utah 841		
	Address and phone number	of the institution, entity, business or	person named above	
Σ.	Select the category that app	plies to yourself and the outside insti	tution, entity, business or person identif	ied in subsection (B) above:
	I receive or have agree	ed to receive compensation for assisti	ing a person or business entity in a transa	ction involving Salt Lake County.
	I am an officer, director Salt Lake County.	or, agent, employee or the owner of a	a substantial interest in a business entity	that is subject to the regulation of
	I am an officer, director with Salt Lake County		ostantial interest in a business entity that	does or anticipates doing business
	I hold an investment o	or other financial interest that creates	a potential or actual conflict with my pu	ablic duties.
	I hold a personal inter-	est that creates a potential or actual of	conflict with my public duties.	
Э.			interest identified above, i.e., the nature . (This disclosure statement will not be a	
	Act reasonably and in good		the organization and its members. Place llations that apply to the organization.	the interest of the organization
	*No actual or potential co	nflict.		
	Provides direction and sup Jr.	port to Commissioners to implemen	at strategies to educate the community or	n the principles of Dr. Martin Luther Ki
			Enua E House Covered Person's Signature	D
SU	BSCRIBED and SWORN to	before me thisday of	, 20	
			NOTARY PUBLIC, Residing in	

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

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.)

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.	Emma E. Houston	Mayor's Office		385-468-7014
	Covered Person	Position, or County Division for which	th you are employed or volunteering	County/Volunteer's Phone
	908 East Elgin Avenue	Salt Lake City, Utah 84106		
		Address/Volunteer's Address		
D	Utah Diversity Network	,		
Ъ.			ne Covered Person has a personal or busi	ness interest for which disclosure
	is required in the above so	ection		mess interest for wineir disployare
	Advisory Board Memb			
	Covered person's status,	relationship or commitment to the insti	tution, entity, business or person named	above
	Salt Lake City, Utah			
	Address and phone numb	er of the institution, entity, business or	person named above	
C.	Select the category that	applies to yourself and the outside insti	tution, entity, business or person identification	ed in subsection (B) above:
	I receive or have ag	reed to receive compensation for assisti	ng a person or business entity in a transac	tion involving Salt Lake County.
	I am an officer, dire 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
	I am an officer, dire with Salt Lake Cou	ctor, agent, employee or owner of a sub	ostantial interest in a business entity that of	oes or anticipates doing business
	I hold an investmen	t or other financial interest that creates	a potential or actual conflict with my pu	blic duties.
	I hold a personal in	terest that creates a potential or actual of	conflict with my public duties.	
D.	Give a detailed description entity or person with the is completed.)	on of the actual or potential conflicts of County. Use more sheets if necessary.	interest identified above, i.e., the nature of the control of the	of the relationship of each business eccepted as valid unless this section
	Act reasonably and in go first. Act within the scope	ood faith. Consider the best interest of t e of the law. Follow the rules and regu	the organization and its members. Place lations that apply to the organization.	the interest of the organization
	*No actual or potential			
	Assist Utah businesses	in building diverse workforces and w	vith diverse employees seeking support	ive employers. Identify and produc
	have built a diverse wo	loyers and employees to help promot rkforce through the Utah Diversity A	te the "business case" for a diverse wor Awards presented annually in conjunct	kforce. Recognize employers that ion with the Utah chapter of SHRM
		· ·		
			^	\wedge
			Emma & Arr	/)
			_ China Effor	VIII
			Covered Person's Signature	
SU	BSCRIBED and SWORN	to before me this day of	, 20	
				2
			NOTARY PUBLIC, Residing in	

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

State

[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.) Emma E. Houston Mayor's Office 385-468-7014 Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone 908 East Elgin Avenue Salt Lake City, Utah 84106 Covered Person's County Address/Volunteer's Address B. You Got This! - Interfaith Women 's Conference 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 Advisory Board Member 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 416 West 650 South, Vernal, Utah 84078 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.) Act reasonably and in good faith. Consider the best interest of the organization and its members. Place the interest of the organization first. Act within the scope of the law. Follow the rules and regulations that apply to the organization. *No actual or potential conflict. As a member of the Board of Directors of You Got This Interfaith Women's Conference, I have a the responsibility to ensure that the organization does the best work possible in pursuit of its goals and to interpret the organization's work and values to the community. SUBSCRIBED and SWORN to before me this day of 20 NOTARY PUBLIC, Residing in

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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.	Emma E. Houston Mayor's Office		385-468-7014
	Covered Person Position, or County Division for wh	nich you are employed or volunteering	County/Volunteer's Phone
	908 East Elgin Avenue Salt Lake City, Utah 84106		
	Covered Person's County Address/Volunteer's Address		
B.	KUED - 7 Utah's PBS Station		
	Outside institution, entity, private business or person in which	the Covered Person has a personal or business	ness interest for which disclosure
	is required in the above section		
	Advisory Board Member		
	Covered person's status, relationship or commitment to the in-	stitution, entity, business or person named	above
	101 Wasatch Drive - Salt Lake City, Utah 84112		
	Address and phone number of the institution, entity, business	or person named above	
C.	Select the category that applies to yourself and the outside in	stitution, entity, business or person identifi	ed in subsection (B) above:
	I receive or have agreed to receive compensation for assi	sting a person or business entity in a transaction	ction involving Salt Lake County.
	I am an officer, director, agent, employee or the owner of Salt Lake County.	**	
	I am an officer, director, agent, employee or owner of a s with Salt Lake County.	ubstantial interest in a business entity that	does or anticipates doing business
	I hold an investment or other financial interest that creat	es a potential or actual conflict with my pu	blic duties.
	I hold a personal interest that creates a potential or actual	l conflict with my public duties.	
D.	Give a detailed description of the actual or potential conflicts entity or person with the County. Use more sheets if necessar is completed.)	ry. (This disclosure statement will not be a	eccepted as valid unless this section
	Act reasonably and in good faith. Consider the best interest of first. Act within the scope of the law. Follow the rules and reg	of the organization and its members. Place gulations that apply to the organization.	the interest of the organization
	*No actual or potential conflict		
	Assist KUED-7 to be a community resource that is trusted	l, valued and essential.	
		Emma Etter	
		Covered Person's Signature	
SUI	BSCRIBED and SWORN to before me thisday of	20	
201	day ofday of		
		NOTARY PUBLIC, Residing in	
[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.	Emma E. Houston Mayor's Office		385-468-7014		
	Covered Person Position, or County Division for whi	ch you are employed or volunteering	County/Volunteer's Phone		
	908 East Elgin Avenue Salt Lake City, Utah 84106				
	Covered Person's County Address/Volunteer's Address		-		
B.	The HistoryMakers				
	Outside institution, entity, private business or person in which	the Covered Person has a personal or busin	ness interest for which disclosure		
	is required in the above section				
	Board Member				
	Covered person's status, relationship or commitment to the inst	itution, entity, business or person named a	above		
	1900 S. Michigan Avenue Chicago, Illinois 606				
	Address and phone number of the institution, entity, business o	r person named above			
C.	Select the category that applies to yourself and the outside ins	titution, entity, business or person identifie	ed in subsection (B) above:		
	I receive or have agreed to receive compensation for assis	ting a person or business entity in a transac	tion involving Salt Lake County.		
	I am an officer, director, agent, employee or the owner of Salt Lake County.				
	I am an officer, director, agent, employee or owner of a su with Salt Lake County.	bstantial interest in a business entity that d	oes or anticipates doing business		
	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.				
Ъ		- Procedural Control of Control o	\$100.000 SER FEET \$1000 BE AN TO THE		
D.	Give a detailed description of the actual or potential conflicts o entity or person with the County. Use more sheets if necessary	f interest identified above, i.e., the nature of the contract	of the relationship of each business excepted as valid unless this section		
	is completed.) Act reasonably and in good faith. Consider the best interest of	the augmination and its manhous Disco	41		
	first. Act within the scope of the law. Follow the rules and reg.	the organization and its members. Place tules and all the organization.	the interest of the organization		
	Providing assistance and guidance as requested by and Th	- Harris M. I.			
	*Speaker, presenter, trainer as it relates to creating the rec	e <i>HistoryMakers</i> organization. ruitment plans for securing local History N	Makers.		
	•				
		G 111			
		Emma EHora	Ц		
		Covered Person's Signature			
CLU	OCCUPED LOWODY LA				
5U)	SSCRIBED and SWORN to before me thisday of				
		NOTARY PUBLIC, Residing in			
[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.	Emma E. Houston		801-557-0867
	Covered Person Position, or County Division for whi	ch you are employed or volunteering	County/Volunteer's Phone
	908 Elgin Avenue - Salt Lake City, Utah 84106	5	
	Covered Person's County Address/Volunteer's Address		
B.	Adobe		
	Outside institution, entity, private business or person in which is required in the above section	the Covered Person has a personal or busi	ness interest for which disclosure
	Training Consultant		
	Covered person's status, relationship or commitment to the inst	itution, entity, business or person named	above
	3900 Adobe Way - Lehi, Utah 840431		
	Address and phone number of the institution, entity, business or	r person named above	
C.	Select the category that applies to yourself and the outside inst	titution, entity, business or person identifi-	ed in subsection (B) above:
	I receive or have agreed to receive compensation for assist	ing a person or business entity in a transac	tion involving Salt Lake County.
	I am an officer, director, agent, employee or the owner of Salt Lake County. I am an officer, director, agent, employee or owner of a su		
	with Salt Lake County. I hold an investment or other financial interest that create: I hold a personal interest that creates a potential or actual		blic duties.
D.	Give a detailed description of the actual or potential conflicts or entity or person with the County. Use more sheets if necessary is completed.)		
	*Providing assistance and guidance as requested by Government. *Speaker, presenter, trainer or consultant for local of to diversity, inclusion, equity, belonging, profession	organizations in developing their s	trategic plans as they relate
SU	BSCRIBED and SWORN to before me thisday of	Covered Person's Signature	<u></u>
		NOTARY PUBLIC, Residing in	
SF	ALI	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*.)

Α.	Karen Hale	Special Initiatives Dir	ector	87035				
71.	Covered Person	Position, or County Division for	or which you are employed or volunteering	County/Volunteer's Phone				
	2001 South State	Street N2-100, Salt I	_ake City, UT 84190					
	Covered Person's County	Covered Person's County Address/Volunteer's Address						
В.	UVU Center for the	he Study of Ethics App	oomattox Project Advisory Board					
	is required in the above so		hich the Covered Person has a personal or busine	ss interest for which disclosure				
	Board Member							
		· · · · · · · · · · · · · · · · · · ·	e institution, entity, business or person named ab	ove				
	3		em, UT 84058 (801)863-8888					
	Address and phone numb	er of the institution, entity, busin	less or person named above					
C.	Select the category that	applies to yourself and the outsic	le institution, entity, business or person identified	in subsection (B) above:				
	I receive or have ag	reed to receive compensation for	assisting a person or business entity in a transacti	on involving Salt Lake County.				
		ector, agent, employee or the own	ner of a substantial interest in a business entity that	at is subject to the regulation of Salt				
	Lake County. I am an officer, dire Salt Lake County.	ector, agent, employee or owner o	f a substantial interest in a business entity that do	es or anticipates doing business with				
	I hold an investmen	at or other financial interest that of	creates a potential or actual conflict with my publ	ic duties.				
		I hold a personal interest that creates a potential or actual conflict with my public duties. None of the above categories apply.						
227	Name of the last o							
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>)							
	I am a community boa	ard member of the UVU Cente	r for the Study of Ethics Appomattox Project	Advisory Board.				
	discourse, public polic	cy, and the sustainability of sh	ned to focus on the ethical dimensions of der ared institutions. The project includes a varie a research projects, panel discussions, and o	ety of events and activities				
	Salt Lake County has	participated in one of the und	ergraduate research projects, an incarcerate	ed parents survey				
	conducted by UVU un	dergraduate students at Oxbo	ow Jail.					
I de	clare under criminal penalty under the law of Utah that the foregoing is true and correct.							
Sic	and on the $\frac{300}{\text{Date}}$ day of $\frac{1}{\text{Month}}$, $\frac{1000}{\text{Vear}}$,							
שוט	Date	Month 'Year'						
at_	Salt la	ke Cuty UT						
at _	City or other location, and	Salt lake City UT City or other location, and state or county						
	Kaven	Hale						
Pri	nted Name							
	W V V I							
Sin	nature []							

Signature

(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. Karen Hale Special Initiatives Director 87035 Position, or County Division for which you are employed or volunteering County/Volunteer's Phone 2001 South State Street N2-100, Salt Lake City, UT 84190 Covered Person's County Address/Volunteer's Address BYU Office of Civic Engagement Leadership External Advisory Board 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 **Board Member** Covered person's status, relationship or commitment to the institution, entity, business or person named above BYU, 359 SWKT, Provo, UT 84602 (801)422-9755 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. None of the above categories apply. 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 am a community board member of the BYU Office of Civic Engagement Leadership External Advisory Board The mission of the Office of Civic Engagement is to provide students and faculty with the appropriate skills and meaningful opportunities to become engaged in their respective communities. The Office seeks to promote civic service and encourage finding solutions to problems through practical hands-on opportunities. I declare under criminal penalty under the law of Utah that the foregoing is true and correct. Signed on the 30th day of 10th, North, Year, at Sub Luke City UT

City or other location, and state or county Printed Name

When Hale

Printed Name

(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.	Karen Hale	Special Initiatives Director	87035			
	Covered Person	Position, or County Division for which you are employed or volunteering	County/Volunteer's Phone			
		e Street N2-100, Salt Lake City, UT 84190				
	Utah Debate Con	Address/Volunteer's Address				
В.		VEX.000000000000 91 500				
	is required in the above se	r, private business or person in which the Covered Person has a personal or busine	ness interest for which disclosure			
	Committee Memb	per				
	Covered person's status, i	relationship or commitment to the institution, entity, business or person named a	above			
	Po Box 1654 Ame	erican Fork, UT 84003 (801)919-6004				
	Address and phone number	er of the institution, entity, business or person named above				
C.	Select the category that a	applies to yourself and the outside institution, entity, business or person identifie	ed in subsection (B) above:			
	I receive or have ago	reed to receive compensation for assisting 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 the	hat is subject to the regulation of Salt			
	Lake County. I am an officer, direction	ctor, agent, employee or owner of a substantial interest in a business entity that d	oes or anticipates doing business wit			
	Salt Lake County.	,				
	I hold an investment	t or other financial interest that creates a potential or actual conflict with my pub- terest that creates a potential or actual conflict with my public duties.	olic duties.			
	None of the above c					
Э.	Give a detailed description	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 is completed.)	entity or person with the County. Use more sheets if necessary. (This disclosure statement will not be accepted as valid unless this section				
	organizations, and bus	ord member of the Utah Debate Commission, a consortium of higher educ siness and civic leaders dedicated to creating a non-partisan and independates for statewide and federal offices in Utah during each election cycle	ndent system of debates			
	The purposes of the U promote a civil exchan confronting the State of	Itah Debate Commission are to educate voters about viable candidates ange of ideas among the leading candidates, and elevate the discussion of Utah.	and their issue positions, f important issues			
[de	eclare under criminal penal	lty under the law of Utah that the foregoing is true and correct.				
		of June, 2020 Mohth Year				
ıt	Sax Lule City or other location, and	state or county				
	Karen					
'rir	nted Name					
	1// // /					
Sig	nature V () V	V				

(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.	Karen Hale	Special Initiatives Director	87035		
	Covered Person	Position, or County Division for which you are employed or volunteering	County/Volunteer's Phone		
	2001 South State	e Street N2-100, Salt Lake City, UT 84190			
	Covered Person's County	y Address/Volunteer's Address			
В.	PBS Utah				
Σ.	is required in the above s	y, private business or person in which the Covered Person has a personal or businection	ness interest for which disclosure		
	Board Member				
		relationship or commitment to the institution, entity, business or person named a			
	Dolores Dore Ec	cles Broadcast Center, U of U, 101 S Wasatch Dr., SLo	C, UT 84112		
	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 institution, entity, business or person identific	ed in subsection (B) above:		
	2000000	reed to receive compensation for assisting a person or business entity in a transac			
	I am an officer, dire	ector, agent, employee or the owner of a substantial interest in a business entity t			
		ector, agent, employee or owner of a substantial interest in a business entity that d	oes or anticipates doing business with		
	Salt Lake County. I hold an investmen	at or other financial interest that creates a potential or actual conflict with my pul	blic duties		
		terest that creates a potential or actual conflict with my public duties.	me duties.		
	None of the above categories apply.				
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>)				
		ard member of PBS Utah, Utah 's public broadcasting station formerly ki	nown as KUED.		
	PBS Utah is a valued	and trusted community resource that promotes lifelong learning and an e	engaged, informed citizenry.		
		lty under the law of Utah that the foregoing is true and correct.			
Sig	ned on the Date day	of Jan , 2020, Month Year			
at _	Salt Lake	Cuty UT			
(City or other location, and				
D _{r-i} .	nted Name	Halen			
ıH	MAN.				
Sig	nature				

(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	Karen Hale	Special Initiatives Director	87035			
	Covered Person	Position, or County Division for which you are employed or volunteering	County/Volunteer's Phone			
	2001 South State	e Street N2-100, Salt Lake City, UT 84190				
	Covered Person's Count	y Address/Volunteer's Address				
В.	Natural History N	Museum of Utah Community Advisory Board				
υ.	Outside institution, entity is required in the above s	y, private business or person in which the Covered Person has a personal or busine	ness interest for which disclosure			
	Board Member					
	Covered person's status,	relationship or commitment to the institution, entity, business or person named a	bove			
	301 Wakara Way	y, Salt Lake City, UT 84108 (801)581-6927				
	Address and phone numb	per of the institution, entity, business or person named above	,			
С.	Select the category that	applies to yourself and the outside institution, entity, business or person identifie	ed in subsection (B) above:			
	494-244-242	greed to receive compensation for assisting a person or business entity in a transact	3 3			
		ector, agent, employee or the owner of a substantial interest in a business entity the				
		ector, agent, employee or owner of a substantial interest in a business entity that d	oes or anticipates doing business with			
		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.				
	None of the above	None of the above categories apply.				
Э.	Give a detailed descripti entity or person with the is completed.)	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>)				
	I am a community box	ard member of the Natural History Museum of Utah Advisory Board. The lot illuminate the natural world and the place of humans within it. "	Museum is an institution of			
	The Natural History M	luseum of Utah is a funded Salt Lake County ZAP Tier I organization.				
- 4.		de condende les confirmed de Constitution de C				
	24	alty under the law of Utah that the foregoing is true and correct.				
		of Jan , Wy Year				
ıt _	Sut luce City or other location, and	d state or downty				
rir	nted Name	m Hale				
Sign	nature	// //				

(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.	Karen Hale	Special Initiatives Director	87035		
	Covered Person	Position, or County Division for which you are employed or volunteering	County/Volunteer's Phone		
	2001 South State	e Street N2-100, Salt Lake City, UT 84190			
	Covered Person's County	Address/Volunteer's Address			
В.	Utah Film, Cente	r			
Δ.	Outside institution, entity is required in the above se	r, private business or person in which the Covered Person has a personal or businection	ness interest for which disclosure		
	Board Member				
	Covered person's status,	relationship or commitment to the institution, entity, business or person named a	ibove		
	50 West Broadwa	ay Suite 1125, Salt Lake City, UT 84101 (801)746-700	0		
	Address and phone numb	er 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 identifie	ed in subsection (B) above:		
		reed to receive compensation for assisting a person or business entity in a transac	127.75		
		ector, agent, employee or the owner of a substantial interest in a business entity ti	ion in the same of the same		
	Lake County.				
	I am an officer, dire Salt Lake County.	ctor, agent, employee or owner of a substantial interest in a business entity that d	oes or anticipates doing business with		
	- Constitution	at or other financial interest that creates a potential or actual conflict with my pul	olic duties.		
	I hold a personal in	terest that creates a potential or actual conflict with my public duties.			
	None of the above of	categories apply.			
D.	Give a detailed description entity or person with the is completed.)	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>)			
	I am a board member inspire and engage dir educational programs	of Utah Film Center, a 501(c)(3) nonprofit organization, that "utilizes the verse audiences to initiate conversation and community building through, and artist support."	e power of film to educate, curated film exhibition,		
	7 5	•			
	The Utah Film Center	is a funded Salt Lake County ZAP Tier I organization.			
I de	eclare under criminal pena	lty under the law of Utah that the foregoing is true and correct.			
Sig	ned on the Date day	11101111			
at _	Salt Luke City or other location, and				
	taren	V			
Prir	nted Name				
	Myn				
Sig	nature				

(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*.)

Karen Hale	Special Initiatives Director	87035			
Covered Person	Position, or County Division for which you are employed or volunteering	County/Volunteer's Phone			
2001 S Sate \$	Street N2-100, Salt Lake City, UT 84190				
Covered Person's C	ounty Address/Volunteer's Address				
Envision Utah	Board of Directors				
	entity, private business or person in which the Covered Person has a personal or business excition	ness interest for which disclosure			
Board Member	er				
Covered person's sta	itus, relationship or commitment to the institution, entity, business or person named	above			
254 South 60	D East Suite 201, Salt Lake City , UT 84102 (801)303-145	50			
Address and phone i	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 identifi	ad in subsection (D) above			
	we agreed to receive compensation for assisting a person or business entity in a transact				
	WEED 2007 - 2007				
Lake County.	, 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 of	does or anticipates doing business			
Salt Lake Cou	nty. tment or other financial interest that creates a potential or actual conflict with my pu	ablic duties			
	al interest that creates a potential or actual conflict with my public duties.	one daties.			
None of the ab	None of the above categories apply.				
Give a detailed descentity or person wiis completed.)	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>)				
	member of the Utah Tibet Foundation, which helps to support preservation	of the Tibetan culture.			
*					
leclare under criminal	penalty under the law of Utah that the foregoing is true and correct.				
	Monday See Milledon 50 ED				
Date	day of,,,				
Saltla	ke City UT				
City or other location					
•	,				
fare	~ rive				
inted Name	h Male				
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gnature /	*				

(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.	Karen Hale	Special Initiatives Director	87035			
١.	Covered Person	Position, or County Division for which you are employed or volunteering	County/Volunteer's Phone			
	2001 S Sate St	reet N2-100, Salt Lake City, UT 84190				
		nty Address/Volunteer's Address				
3.	Utah Tibetan Fo					
	Outside institution, ent is required in the above	ity, private business or person in which the Covered Person has a personal or busine section	ness interest for which disclosure			
	Board Member					
	Covered person's statu	s, relationship or commitment to the institution, entity, business or person named a	above			
	PO Box 171092	2 Salt Lake City, UT 84117 (801)671-1533				
	Address and phone nur	mber of the institution, entity, business or person named above	.,			
·.	Select the category th	at applies to yourself and the outside institution, entity, business or person identifie	ed in subsection (B) above:			
	I receive or have	agreed to receive compensation for assisting a person or business entity in a transac	tion involving Salt Lake County.			
	Lake County.	lirector, agent, employee or the owner of a substantial interest in a business entity t				
	I am an officer, d Salt Lake County	irector, agent, employee or owner of a substantial interest in a business entity that d	loes or anticipates doing business w			
	I hold an investm	ent or other financial interest that creates a potential or actual conflict with my pul	blic duties.			
		I hold a personal interest that creates a potential or actual conflict with my public duties.				
	-	e categories apply.				
).	Give a detailed descripentity or person with is completed.)	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> .)				
		nember of the Utah Tibet Foundation, which helps to support preservation o	of the Tibetan culture.			
de	eclare under criminal pe	nalty under the law of Utah that the foregoing is true and correct.				
18	Date Date	Month , Year				
f	Sout lake	Ay of Tun, 2000, Year, Year				
(City or other location, a	and state or county				
	Karen	Mule mu				
rir	nted Name	Marc				
	XVV					

(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.	Karen Hale	Special Initiatives Director	87035		
	Covered Person	Position, or County Division for which you are employed or voluntee	ering County/Volunteer's Phone		
	2001 South Sta	te Street N2-100 , Salt Lake City , UT 84190			
	Covered Person's Coun	ty Address/Volunteer's Address			
В.	Primary Childre	n's Hospital Community Development Board			
	is required in the above	ty, private business or person in which the Covered Person has a person section	nal or business interest for which disclosure		
	Board Member				
	Covered person's status	s, relationship or commitment to the institution, entity, business or perso	on named above		
	100 N Mario Capecchi Dr. Salt Lake City, UT 84113 (801)6621000				
	Address and phone num	ber of the institution, entity, business or person named above			
C.	Select the category that	t applies to yourself and the outside institution, entity, business or perso	on identified in subsection (B) above:		
		greed to receive compensation for assisting a person or business entity in	•		
	Salt Lake County.				
	with Salt Lake Co	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 investme	ent or other financial interest that creates a potential or actual conflict wanterest that creates a potential or actual conflict with my public duties.	ith 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 busines entity or person with the County. Use more sheets if necessary. (<i>This disclosure statement will not be accepted as valid unless this sectio is completed.</i>)				
	I am a longtime com board's efforts to fun	munity member of the Primary Children's Hospital Community Dead charity care, research, special programs and therapies.	evelopment Board, supportive of the		
	Primary Children's H	lospital is part of Intermountain Healthcare, a not-for-profit health ds its exemption from property taxes before the Board of Equaliza	system that provides charitable care. ation.		
l de	eclare under criminal pen	alty under the law of Utah that the foregoing is true and correct.			
		y of Nonth, 2020 Year			
	Date	Month Year			
at_	SW Lule City or other location, ar	od state dr. county			
	Kaven	Hale			
Prir	nted Name	I was a			
2:-	ywy h				
216	nature //				

(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*.)

Karen Hale	Special Initiatives Director	87035		
Covered Person	Position, or County Division for which you are employed or volunteering	County/Volunteer's Phone		
2001 South St	ate Street N2-100, Salt Lake City, UT 84190			
Covered Person's Co	unty Address/Volunteer's Address			
Better Days 20	20			
Outside institution, er	Outside institution, entity, private business or person in which the Covered Person has a personal or business interest for which disclosure s required in the above section			
Board Member	Board Member			
Covered person's stat	Covered person's status, relationship or commitment to the institution, entity, business or person named above			
N/A Neylan Mo	N/A Neylan McBaine (415)246-0368			
Address and phone nu	umber of the institution, entity, business or person named above	-		
. Select the category t	hat applies to yourself and the outside institution, entity, business or person identific	ed in subsection (B) above:		
<u>2000 - 100</u>	I receive or have agreed to receive compensation for assisting a person or business entity in a transaction involving Salt Lake County.			
VI	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 S			
I am an officer,	director, agent, employee or owner of a substantial interest in a business entity that of	loes or anticipates doing business		
	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 persona	l interest that creates a potential or actual conflict with my public duties.			
✓ None of the abo	None of the above categories apply.			
 Give a detailed descrentity or person with is completed.) 	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 board mem creative and comm place for women in	per of Better Days 2020, a 501(c)(3) non-profit dedicated to popularizing Uta nunal ways. The organization believes that by exploring the legacy of our pa the future.	ah women ' s history in st, we make Utah a better		
This year the organ	nization will mark the 150th anniversary of Utah being the first place where v	women voted in the modern		
nation, and the 100	Oth anniversary of the 19th Amendment, which granted many (but not all) U.	S. women the right to vote.		
declare under criminal p	enalty under the law of Utah that the foregoing is true and correct.			
igned on the Date	day of January, 2020, Month Year,			
Sub Lule City or other location,				
- TO 100				
Yaven	Hale			
rinted Name				
//WX				
mature /				

(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.	Karen Hale	Special Initiatives Director	87035		
	Covered Person	Position, or County Division for which you are employed or volunteering	County/Volunteer's Phone		
	2001 South State	Street N2-100, Salt Lake City, UT 84190			
	Covered Person's County	Covered Person's County Address/Volunteer's Address			
В.	Donor Connect				
	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				
	Board Member				
	Covered person's status, relationship or commitment to the institution, entity, business or person named above				
	6065 S Fashion E	Blvd, Ste 125, Murray, UT 84107			
	Address and phone number	er of the institution, entity, business or person named above			
C.	Select the category that a	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, dire	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, direction	ctor, agent, employee or owner of a substantial interest in a business entity that doe	es or anticipates doing business with		
	Salt Lake County.	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.				
	None of the above c				
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 am a longtime comm	is completed.) I am a longtime community board member of Donor Connect (formerly Intermountain Donor Services), the federally			
	designated, nonprofit of	community organ procurement organization dedicated to the recovery and outheastern Idaho, western Wyoming, and Elko, Nevada.	transplantation of organs		
	The service area enco	mpasses 3.7 million residents, 94 hospitals, and three transplant centers on Medical Center, University of Utah Hospital (along with the George E. W	- Primary Children 's		
	Veterans Affairs Medic	cal Center).	anien Department of		
I de	eclare under criminal penal	ty under the law of Utah that the foregoing is true and correct.			
Sig	ned on the Date	Month , Year			
	Soult Julie Cut	y UT			
at _	City or other location, and	state or county			
	Varen Hale				
Prin	nted Name/				
	M				
Sim	nature				

(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.	Karen Hale	Special Initiatives Dire	ector	87035
	Covered Person	Position, or County Division for	which you are employed or volunteering	County/Volunteer's Phone
	2001 South State	Street N2-100 , Salt L	ake City , UT 84190	
В.	Covered Person's County	Address/Volunteer's Address)
	Primary Children	s Hospital Board of Tru	stees	
Б.	Outside institution, entity is required in the above se	private business or person in white	ch the Covered Person has a personal or busin	ess interest for which disclosure
	Trustee			
	Covered person's status, r	elationship or commitment to the	institution, entity, business or person named a	bove
	100 N Mario Cap	ecchi Dr. Salt Lake City	, UT 84113 (801)6621000	
	Address and phone number	er of the institution, entity, busines	ss or person named above	
C.	Select the category that a	applies to yourself and the outside	institution, entity, business or person identifie	d in subsection (B) above:
	I receive or have agr	reed to receive compensation for as	ssisting a person or business entity in a transact	ion involving Salt Lake County.
	I am an officer, dire Salt Lake County.	ctor, agent, employee or the owne	r of a substantial interest in a business entity th	nat is subject to the regulation of
	I am an officer, direct with Salt Lake Cour	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 I hold a personal int	t or other financial interest that cre erest that creates a potential or act	ates a potential or actual conflict with my pub ual conflict with my public duties.	lic 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 busines entity or person with the County. Use more sheets if necessary. (This disclosure statement will not be accepted as valid unless this sectio is completed.)			
	I am a longtime comm to serve "the child first	unity member of the Primary C and always."	hildren's Hospital Board of Trustees and s	support the hospital's efforts
	Primary Children's Ho	spital is part of Intermountain F its exemption from property ta	lealthcare, a not-for-profit health system the xes before the Board of Equalization.	nat provides charitable care.
			•	
				-
I de	eclare under criminal penal	ty under the law of Utah that the f	oregoing is true and correct	
٥.	2011	1000	oregoing is that and correct.	
Sig	Date Date	Month , Vear		
at _	eclare under criminal penal and on the May of Date Substitute of the City or other location, and	City UT		
•	Varion, and	talo		
Prin	nted Name	lww/		
4 111	1/1/1/	~		
Sig	nature	/		

(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.	Michelle HIcks	Office Administrator	87008		
	Covered Person	Position, or County Division for which you are employed or volunteering	County/Volunteer's Phone		
	2001 South State	e Street N2-100 SLC, UT 84190			
	Covered Person's County	Address/Volunteer's Address			
В.	Syracuse City Yo	outh Court			
Д.	Outside institution, entity is required in the above se	, private business or person in which the Covered Person has a personal or busection	siness interest for which disclosure		
	Adult Advisor				
	Covered person's status, relationship or commitment to the institution, entity, business or person named above				
	1979 West 1900 South Syracuse, UT 84075				
	Address and phone numb	er 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 identi	fied in subsection (B) above:		
	I receive or have ag	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, dire	ector, agent, employee or the owner of a substantial interest in a business entity	that is subject to the regulation of Salt		
	Lake County.	estar agent ampleyee or comerce of a substantial interest in a husiness suits the	. dono ou outisionto della la discone id		
	Salt Lake County.	ector, agent, employee or owner of a substantial interest in a business entity that	t does or anticipates doing business with		
		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.				
Б	None of the above categories apply.				
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>)				
	Adult Advisory for Syr program.	racuse City Youth Court - Meet every Thursday to conduct court for juv	enile offenders opting into this		
I d	VT0	Ity under the law of Utah that the foregoing is true and correct.			
Sig	ned on the 05 day	of February , 2020 ,			
	Date	Month Year			
at_	Syracuse, UT				
•	City or other location, and	l state or county			
Mi	chelle Hicks				
Pri	nted Name	-			
1	lichelle Hich	40			
Mig	hetherHicks (Feb 5, 2020)				

(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.	Michelle Hicks	Office Administrator	87008		
	Covered Person	Position, or County Division for which you are employed or volunteering	County/Volunteer's Phone		
	2001 South State	e Street N2-100			
	Covered Person's County	Address/Volunteer's Address			
B.	Utah Youth Cour	t Association			
	Outside institution, entity is required in the above s	, private business or person in which the Covered Person has a personal or bus ection	iness interest for which disclosure		
	Data Manager				
	Covered person's status, relationship or commitment to the institution, entity, business or person named above				
	645 South 200 East SLC, UT 84111				
	Address and phone numb	er 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 identif	ied 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.			
		ector, agent, employee or the owner of a substantial interest in a business entity			
	I am an officer, dire	ector, agent, employee or owner of a substantial interest in a business entity that	does or anticipates doing business with		
	Salt Lake County.	at or other financial interest that creates a potential or actual conflict with my po	ublic duties		
		terest that creates a potential or actual conflict with my public duties.	ione duties.		
	None of the above	categories apply.			
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>)				
	Data Manager for the	Utah Youth Court Association. Go to meetings, update database, corre	ct forms.		
I d	25	lty under the law of Utah that the foregoing is true and correct.			
Sig	ned on the 05	of February , 2020 ,			
	Date	Month Year			
at _	SLC, UT 84111				
(City or other location, and	1 state or county			
Mie	chelle Hicks				
	nted Name				
1	lichelle Hich	US			
Nig	hatherHicks (Feb 5, 2020				