(Use one form for each outside business entity or person you are associated with for which disclosure is required in the above section.)

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.	Afton January Communications Manager, Division of Aging & Adult Services 385-468-3189
	Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone
	2001 S State Street Suite S1-600, Salt Lake City, UT 84114-4575
	Covered Person's County Address/Volunteer's Address
B.	Utahns Against Hunger
	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
	244 S 500 W Suite 102, Salt Lake City, UT 84101 ph 801-328-2561
	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.)
	Potential conflict of interest - I am volunteer/unpaid board member of Utahns Against Hunger, a nonprofit advocacy organization that works to end hunger.
	, a gamazana a a a a a a a a a a a a a a a a a
I d	eclare under criminal penalty under the law of Utah that the foregoing is true and correct.
Sig	gned on the 14 Date day of January , 2020 , Year
at	Salt Lake County
	City or other location, and state or county
Af	ton January nted Name
	fton January Date: 2020.01.14 10:17:01 -07'00'
	gnature

(Use one form for each outside business entity or person you are associated with for which disclosure is required in the above section.)

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.)

Alyssha Dairsow	Center Program Coordinator	x83022
Covered Person	Position, or County Division for which you are employed or volunteering	County/Volunteer's Phone
1300 W 300 N, SLC	s. UT 84116	
	y Address/Volunteer's Address	
Curly Me!	· ···································	And the second
Outside institution entity	, private business or person in which the Covered Person has a personal or busin	ess interest for which disclosu
s required in the above s		
Evenida Dinata		
Executive Director,	rounder relationship or commitment to the institution, entity, business or person named a	hove
·		DOVC ,
	21: #21; Hilliotook, 01 01100 000 00 00 000.	
Address and phone numb	per of the institution, entity, business or person named above	•
Select the category that	applies to yourself and the outside institution, entity, business or person identifie	d in subsection (B) above:
-		
I receive or have ag	reed to receive compensation for assisting a person or business entity in a transact	ion involving Salt Lake Coun
V I am an officer dir	ector, agent, employee or the owner of a substantial interest in a business entity the	": not is subject to the regulation
Salt Lake County.	color, agent, employee of the owner of a succential microst in a business cities in	iat is subject to the regulation
	ector, agent, employee or owner of a substantial interest in a business entity that de	oes or anticipates doing busin
with Salt Lake Cou		
	nt or other financial interest that creates a potential or actual conflict with my pub	lic duties.
I hold a personal in	terest that creates a potential or actual conflict with my public duties.	
Give a detailed descripti	on of the actual or potential conflicts of interest identified above, i.e., the nature o	f the relationship of each busi
	e County. Use more sheets if necessary. (This disclosure statement will not be ac	
is completed.)		
I am the executive	director of the 501 c3. Curly Me! holds events and collaborates w	ith businesses in the
County.		
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lare under criminal nens	lty under the law of Utah that the foregoing is true and correct.	
and and or	any and of the contract the total state of the contract t	
	of January , 2020,	• • • •
Date	Month Year	•
alt Lake County		
ity or other location, an	d state or county	
		:
ssha Dairsow		
ted Name		
yssha Dairsov	V Digitally signed by Alyssha Dairsow V Date: 2020.01.13-13:05:01-07:00™	
	• DB(8: 2020.01.13 13:05:01 -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.)

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.	Alyssha Dairsow	Center Program Coordinate	ator	x83022
	Covered Person	Position, or County Division for	r which you are employed or volunteering	County/Volunteer's Phone
	1300 W 300 N, SLC	, UT 84116		
	Covered Person's County	Address/Volunteer's Address		
В.	Tracy Aviary Board	of Trustees		and the second of the second o
	Outside institution, entity	, private business or person in w	hich the Covered Person has a personal or	business interest for which disclosure
	is required in the above s	ection	•	
	Board member of Bo	oard of Trustees		
	Covered person's status,	relationship or commitment to the	e institution, entity, business or person na	med above
•		UT 84105 801-596-8500		State of the state
	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 id-	entified in subsection (B) above:
				• •
	I receive or have ag	reed to receive compensation for	assisting a person or business entity in a tr	ansaction involving Sait Lake County.
		ector, agent, employee or the own	ner of a substantial interest in a business en	ntity that is subject to the regulation of
	Salt Lake County.	sator agent amployee or ought	of a substantial interest in a business entity	that does or anticipates doing business
	with Salt Lake Cou	nty.	· · · · · · · · · · · · · · · · · · ·	And the second second
	I hold an investmer	nt or other financial interest that of	creates a potential or actual conflict with n	ny public duties.
	I hold a personal in	terest that creates a potential or a	octual conflict with my public duties.	
D.	Give a detailed descripti	on of the actual or potential confl	licts of interest identified above, i.e., the na	ature of the relationship of each busine
:	entity or person with the is completed.)	e County. Use more sheets if nec	essary. (This disclosure statement will no	t be accepted as valid unless this section
		tings for the Avient Laise	participate in the process that resu	ilts in the oversight of the
	Aviary operations.	uligs for the Aviary. I also p	participate in the process that resu	int in the everageit of the
				·
		•		:
				·
T.J.	.1	ulty under the law of Utah that the	- foregoing is true and correct	And the state of t
1 (1)	ciare under crimmai pena	•	e totegoing is true and correct.	
Sig	ned on the 13 day	of January , 2020 , Month Year	•	
	Date .	Month Year	•	
	Salt Lake County			
(City or other location, an	d state or county	•	
۸1۰	recha Daireau			The second transfer to
Al' Pri	rssha Dairsow ated Name			and the first of the state of t
A	vssha Däirsov	V Digitally signed by Alyssha Dairsow Date: 2020.01.13 13:05:01 -07'00'		Largery Distriction Cally
	nature	- Dars. 2020.01.10 10.00.01 -07 00	•	and the second s
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(Use one form for each outside business entity or person you are associated with for which disclosure is required in the above section.)

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.	Arla Vivona	Fiscal Coordinator Aging and Adult Services	385-468-3177			
	Covered Person	Position, or County Division for which you are employed or volunteering	County/Volunteer's Phone			
	2001 S. State Str	reet Ste. S1-600				
	Covered Person's Co	unty Address/Volunteer's Address				
В.	Occasional clothi	ing alterations for coworkers				
	Outside institution, en is required in the above	ntity, private business or person in which the Covered Person has a personal or busi ve section	ness interest for which disclosure			
	N/A					
	Covered person's stat	tus, relationship or commitment to the institution, entity, business or person named	above			
	N/A					
	Address and phone nu	umber of the institution, entity, business or person named above				
C.	Select the category t	that applies to yourself and the outside institution, entity, business or person identifi	ed in subsection (B) above:			
	I receive or have	e agreed to receive compensation for assisting a person or business entity in a transaction	ction involving Salt Lake County.			
	I am an officer, Salt Lake Coun	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, with Salt Lake	director, agent, employee or owner of a substantial interest in a business entity that c County.	loes 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.		ription of the actual or potential conflicts of interest identified above, i.e., the nature in the County. Use more sheets if necessary. (<i>This disclosure statement will not be a</i>				
	Occasionally I do sewing and clothing alterations for coworkers and receive payment for those services.					
	Coodolonally 1 a	is coming and sichning anoralisms to comemors and receive paymen	t for those convicte.			
Ιd	eclare under criminal r	penalty under the law of Utah that the foregoing is true and correct.				
Sig	gned on the 13 Date	$\frac{\text{day of } \underbrace{\text{January}}_{\text{Month}}, \underbrace{\frac{2020}{\text{Year}}},$				
at _	Salt Lake County					
	City or other location,	, and state or county				
۸۰	da Vivana					
	la Vivona nted Name					
	What I've	(0) 1 0				
Silo	mature V	N. C.				

(Use one form for each outside business entity or person you are associated with for which disclosure is required in the above section.)

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.	Jamie Navarrete	Salt Lake County Aging a	and Adult Services Case Manager	385-468-3276
	Covered Person	Position, or County Division for	r which you are employed or volunteering	County/Volunteer's Phone
		S1-600 Salt Lake City UT	84114-4575	
	Covered Person's County	Address/Volunteer's Address		
В.	Utah DOPL Social W			
	Outside institution, entity, is required in the above see		hich the Covered Person has a personal or busin	ness interest for which disclosure
	Licensed board mem			
	Covered person's status, re	elationship or commitment to the	e institution, entity, business or person named a	above
	160 E 300 S Salt Lak	e City UT 84114		
	Address and phone number	r of the institution, entity, busin	ess or person named above	
C.	Select the category that a	pplies to yourself and the outsid	le institution, entity, business or person identifie	ed in subsection (B) above:
			assisting a person or business entity in a transac	
	Salt Lake County.		ner of a substantial interest in a business entity t	
	with Salt Lake Coun	ty.	f a substantial interest in a business entity that detected a potential or actual conflict with my pul	
			ctual conflict with my public duties.	one duties.
D.			icts of interest identified above, i.e., the nature of essary. (This disclosure statement will not be as	
	and monitors license ethical standards of	ed social workers to make	Social Work Licensing board. The Lice sure that they are in compliance with tonflicts could arise with Salt Lake Counboard.	he laws, regulations and
I d	eclare under criminal penal	ty under the law of Utah that the	e foregoing is true and correct.	
Sig	gned on the 13 day of Date	of January , 2020, Month , Year		
at	Salt Lake City, Utah			
ut _	City or other location, and	state or county		
Ja	ımie Navarrete			
	nted Name			
Já	amie Navarrete	Digitally signed by Jamie Navarrete Date: 2020.01.13 13:32:21 -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.)

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.	Jene Mortensen	Active Aging Section Manager		385-468-3085	
	Covered Person	Position, or County Division for which you are e	mployed or volunteering	County/Volunteer's Phone	
	2001 S State Street	, SLC, UT 84190			
	Covered Person's Count	Address/Volunteer's Address			
В.	Herriman City				
	Outside institution, entity is required in the above s	y, private business or person in which the Covered ection	Person has a personal or busi	ness interest for which disclosure	
	Seasonal Events Te				
	Covered person's status,	relationship or commitment to the institution, enti-	y, business or person named	above	
	5355 West Herrima	n Main Street Herriman, UT 84096			
	Address and phone numb	per of the institution, entity, business or person nan	ned above		
C.	Select the category that	applies to yourself and the outside institution, enti	y, business or person identifi	ed in subsection (B) above:	
	I receive or have ag	reed to receive compensation for assisting a person	or business entity in a transact	ction 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.				
		nt or other financial interest that creates a potential terest that creates a potential or actual conflict with		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. (This disclosure statement will not be accepted as valid unless this section is completed.)				
		erit Seasonal Events Technician for Herrin ents,and at two seasonal city facilities (Ice			
I declare under criminal penalty under the law of Utah that the foregoing is true and correct.			and correct.		
	-	•			
Sış	gned on the 14 day Date	of <u>January</u> , <u>2020</u> , Month , <u>Year</u>			
	Salt Lake City, UT	***			
	City or other location, an	d state or county			
Je	ne Mortensen				
Pri	nted Name				
J	ene Mortensei	Digitally signed by Jene Mortensen Date: 2020.01.14 06:12:53 -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.)

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	Paul Leggett	Division Director - Aging &	& Adult Services	3854683200		
	Covered Person		which you are employed or volunteering	County/Volunteer's Phone		
	2001 S State Street	- S1-600, SLC UT 84101				
	Covered Person's County	Address/Volunteer's Address				
В.	Utah Commission or	n Volunteers - USERVE Uta	ah			
	Outside institution, entity is required in the above so		nich the Covered Person has a personal or busi	ness interest for which disclosure		
	Commission Chair					
	Covered person's status,	Covered person's status, relationship or commitment to the institution, entity, business or person named above				
	300 S Rio Grande S	t, Salt Lake City, UT 84101				
	Address and phone numb	per of the institution, entity, busine	ess or person named above			
C.	Select the category that	applies to yourself and the outsid	e institution, entity, business or person identifi	ied in subsection (B) above:		
	I receive or have ag	reed to receive compensation for	assisting a person or business entity in a transa-	ction involving Salt Lake County.		
	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.				
	with Salt Lake Cou	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.				
			reates a potential or actual conflict with my pu ctual conflict with my public duties.	ıblic duties.		
D.			icts of interest identified above, i.e., the nature essary. (This disclosure statement will not be a			
	does not receive fu		nding decisions for some Americrops ps, however some other county division ss.			
т.		-le d d l CI leah that tha	foregoing is two and someof			
		alty under the law of Utah that the	toregoing is true and correct.			
Si	gned on the Date day	of 31 , 2020 Month Year				
at .	SLC City or other location, an	1 444				
		·				
	Paul lega	ett				
Pri	Paul legy inted Name	, •				
	ram					
Ci.	anature					

(Use one form for each outside business entity or person you are associated with for which disclosure is required in the above section.)

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.	Preston Hutchings	Section Man	ager for SLC	CO Aging & Adult Services	385-468-3197	
	Covered Person			or which you are employed or volunteering	County/Volunteer's Phone	
	2001 S. State Street	t, Suite S3-300	Salt Lake C	City, UT. 84114		
		Covered Person's County Address/Volunteer's Address				
B.	American Combat T	raining LLC				
			s or person in w	which the Covered Person has a personal or bu	siness interest for which disclosure	
	is required in the above s	ection				
	Owner					
	Covered person's status,	relationship or co	mmitment to the	he institution, entity, business or person name	d above	
	4868 S. 1900 W Ro	y, UT. 84067 8	301-547-747	5		
	Address and phone numb	er of the instituti	on, entity, busin	ness or person named above		
C.	Select the category that	applies to yourse	If and the outside	de institution, entity, business or person identi	fied in subsection (B) above:	
	I receive or have ag	reed to receive co	ompensation for	r assisting a person or business entity in a trans	action involving Salt Lake County.	
	Salt Lake County.			ner of a substantial interest in a business entity		
	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.					
				creates a potential or actual conflict with my pactual conflict with my public duties.	public duties.	
D.				licts of interest identified above, i.e., the natur cessary. (This disclosure statement will not be		
	I own a martial arts	I own a martial arts gym that clients of Aging & Adult Services could potential attend.				
I d	eclare under criminal pena	alty under the law	of Utah that th	e foregoing is true and correct.		
Sig	gned on the 13 day	of <u>January</u> Month	, <u>2020</u> , Year			
at_	Salt Lake County					
	City or other location, an	d state or county				
Pr	eston Hutchings nted Name			_		
		District	December 15 4-55			
Ρ	reston Hutching	S Date: 2020.01.13	12:36:25 -07'00'	_		
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.)

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.	Rachel Stoddard	Case Manager		385-468-3274
	Covered Person	Position, or County Division fo	r which you are employed or volunteering	County/Volunteer's Phone
	2001 S State street	S1600 84114		
		y Address/Volunteer's Address		
R	Social Work Licensi	ng Board		
Б.	Outside institution, entity	y, private business or person in w	hich the Covered Person has a personal or busing	ness interest for which disclosure
	is required in the above s	ection		
	Licensed Board Mer			
	Covered person's status,	relationship or commitment to th	e institution, entity, business or person named	above
	160 E 300 S SLC 84	4114		
	Address and phone numb	per 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 identifi	ed in subsection (B) above:
	I receive or have ag	greed to receive compensation for	assisting a person or business entity in a transaction	ction involving Salt Lake County.
	I am an officer, dire Salt Lake County.	ector, agent, employee or the own	ner of a substantial interest in a business entity	that is subject to the regulation of
			of a substantial interest in a business entity that of	loes or anticipates doing business
	with Salt Lake Cou		creates a potential or actual conflict with my pu	blic duties.
	I hold a personal in	iterest that creates a potential or a	ectual conflict with my public duties.	
D	Give a detailed descripti	ion of the actual or notential confl	licts of interest identified above, i.e., the nature	of the relationship of each business
υ.	entity or person with the is completed.)	e County. Use more sheets if nec	essary. (This disclosure statement will not be a	ccepted as valid unless this section
	I serve as a Licensed board member on the social Work board of licensing. I participate in the board functions			
	of regulating social work licenses.			
	There is potential conflict as Salt lake county employees licensed social workers.			
I d	I declare under criminal penalty under the law of Utah that the foregoing is true and correct.			
Sig	Signed on the 12 day of January Nonth, 2020, Year,			
at	Salt lake City			
City or other location, and state or county				
_				
Ra Pri	achel Stoddard nted Name			
	achel Stoddar	Digitally signed by Rachel Stoddard Date: 2020.01.13 12:57:15 -07'00'	RIO	
	nature	Date: 2020.01.13 12:57:15 -0/'00'		

(Use one form for each outside business entity or person you are associated with for which disclosure is required in the above section.)

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*.)

Δ	Stacy Suzuki	Case Manager Aging Services	385-468-3272			
Λ.	Covered Person	Position, or County Division for which you are employed or volunteering	County/Volunteer's Phone			
	2001 S State St Suite	e S1-600 SLC, Ut 84114				
		Address/Volunteer's Address				
B.	Lakeview Hospital					
	Outside institution, entity,	private business or person in which the Covered Person has a personal or business	iness interest for which disclosure			
	is required in the above se					
	PRN Behavioral Hea	elth Counselor elationship or commitment to the institution, entity, business or person named	ahaya			
	`		above			
	630 Medical Dr Boun					
	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 identifi	ied in subsection (B) above:			
	I receive or have agr	reed to receive compensation for assisting a person or business entity in a transa	ction involving Salt Lake County.			
	I am an officer, direct 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, direc	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.				
		t or other financial interest that creates a potential or actual conflict with my purerest that creates a potential or actual conflict with my public duties.	ıblic duties.			
D.		on of the actual or potential conflicts of interest identified above, i.e., the nature County. Use more sheets if necessary. (<i>This disclosure statement will not be a</i>				
	This is a PRN job.	I hold no personal or business interest in either job. I do not ma between Salt Lake County and Lakeview Hospital.	ke any decisions that			
I d	leclare under criminal penal	lty under the law of Utah that the foregoing is true and correct.				
Si	gned on the 29 Date day	of <u>January</u> , <u>2020</u> , Month Year				
	Salt Lake City, UT City or other location, and	1 state or county				
	Stary Si	izuKi				
Pri	inted Name	fusilo:				
<u>~</u>	C XUCK	JINVIN				

(Use one form for each outside business entity or person you are associated with for which disclosure is required in the above section.)

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	Susan C. Johnston Quality Assurance Manager, Aging & Adult Services 385.468.3190
• ••	Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone
	2001 S State St., Ste S1-600
	Covered Person's County Address/Volunteer's Address
В.	Community Health Centers, Inc.
	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 Treasurer; volunteer
	Covered person's status, relationship or commitment to the institution, entity, business or person named above
	2621 S 3200 W, WVC UT 84119
	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 businesentity or person with the County. Use more sheets if necessary. (This disclosure statement will not be accepted as valid unless this section is completed.)
	As a volunteer, I have been part of the Board of Governors for Community Health Centers, Inc. (CHC) since 2010. In 2017 I was elected Treasurer of the Board. CHC is a FQHC with 7 clinics in Utah serving both insured and uninsured patients, regardless of their ability to pay. CHC's Central City health clinic is located inside of the Salt Lake County Public Health Center located at 610 South 200 East in Salt Lake City.
I d	eclare under criminal penalty under the law of Utah that the foregoing is true and correct.
	gned on the 23rd Date Month , 2020, Year
at _	Salt Lake City, Utah
	City or other location, and state or county
Sı Pri	usan C. Johnston nted Name
_	usan Johnston Digitally signed by Susan Johnston Date: 2020.01.23 16:01:14 -07'00'
<u></u>	

(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. VALA Jillabert Mitchew Helper 83015

Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone 1306 W 306 N SLC, Ut, 84116 Covered Person's County Address/Volunteer's Address Bld time Fiddlers 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 Der Folm eR
Covered person's status, relationship or commitment to the institution, entity, business or person named above Address and phone number of the institution, entity, business or person named above Select the category that applies to yourself and the outside institution, entity, business or person identified in subsection (B) above: I receive or have agreed to receive compensation for assisting a person or business entity in a transaction involving Salt Lake County. I am an officer, director, agent, employee or the owner of a substantial interest in a business entity that is subject to the regulation of Salt Lake County. I am an officer, director, agent, employee or owner of a substantial interest in a business entity that does or anticipates doing business with Salt Lake County. I hold an investment or other financial interest that creates a potential or actual conflict with my public duties. I hold a personal interest that creates a potential or actual conflict with my public duties. D. Give a detailed description of the actual or potential conflicts of interest identified above, i.e., the nature of the relationship of each business entity or person with the County. Use more sheets if necessary. (This disclosure statement will not be accepted as valid unless this section is completed.) I declare under criminal penalty under the law of Utah that the foregoing is true and correct. Signed on the Date day of Day uary, 1020