(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*.)

Angela Cortes	e IT project manager	385-468-0693		
Covered Person	Position, or County Division for which you are employed or volunteering	County/Volunteer's Phone		
8251s 560e Sa	ndy UT, 84070			
Covered Person's Cou	nty Address/Volunteer's Address			
<sub>3.</sub> Lyft				
	tity, private business or person in which the Covered Person has a personal or busine section	ness interest for which disclosure		
Lyft - I am a dr	ver.			
Covered person's stat	s, relationship or commitment to the institution, entity, business or person named	above		
Lyft 185 Berry	St #5000, San Francisco, CA 94107 (855) 865-9553			
Address and phone nu	mber of the institution, entity, business or person named above			
C. Select the category t	at applies to yourself and the outside institution, entity, business or person identific	ed in subsection (B) above:		
The state of the s	agreed to receive compensation for assisting a person or business entity in a transac			
	lirector, agent, employee or the owner of a substantial interest in a business entity t	111000000000000000000000000000000000000		
Lake County.				
I am an officer, Salt Lake Count	lirector, agent, employee or owner of a substantial interest in a business entity that o	loes or anticipates doing business w		
I hold an investi	nent or other financial interest that creates a potential or actual conflict with my pu	blic duties.		
	interest that creates a potential or actual conflict with my public duties.			
X None of the abo	ve categories apply.			
<ol> <li>Give a detailed descrentity or person with is completed.)</li> </ol>	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> )			
As a driver i could	pick up anyone as a fare and would accept payment and tip for driving them ne from my services.	to a desination. I am not		
	enalty under the law of Utah that the foregoing is true and correct.			
Signed on the $\frac{4}{\text{Date}}$	ay of February , 2020 Year ,			
SLCO Goernment Ce	nter SLC UT			
City or other location,	and state or county			
Angela Cortese				
Printed Name	1 1			
Chile	Corlet			
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.)

	8 8 7 1	print an ingermanien.			
Angela Cortese	IT Project Manager	385-468-0693			
Covered Person	Position, or County Division for which you are employed or volunteering	County/Volunteer's Phone			
8251s 560e Sar	dy UT, 84070				
Covered Person's Coun	ty Address/Volunteer's Address				
Crystal Energy a	and Angelic Healing				
Outside institution, entity, private business or person in which the Covered Person has a personal or business interest for which disclosu is required in the above section					
I am the owner.					
Covered person's status	relationship or commitment to the institution, entity, business or person named	above			
8251s 560e Sar	dy UT 84070				
Address and phone num	ber of the institution, entity, business or person named above				
. Select the category tha	applies to yourself and the outside institution, entity, business or person identifi	ed in subsection (B) above:			
	greed to receive compensation for assisting a person or business entity in a transaction				
10	rector, agent, employee or the owner of a substantial interest in a business entity				
I am an officer, di	rector, agent, employee or owner of a substantial interest in a business entity that of	does or anticipates doing business v			
Salt Lake County.	ent or other financial interest that creates a potential or actual conflict with my pu	Nia duta			
	nterest that creates a potential or actual conflict with my public duties.	blic duties.			
X None of the above	categories apply.				
. Give a detailed descrip entity or person with the is completed.)	ion of the actual or potential conflicts of interest identified above, i.e., the nature are County. Use more sheets if necessary. ( <i>This disclosure statement will not be a</i>	of the relationship of each business accepted as valid unless this section			
I offer healing and po	sychic readings. When i offer readings people provide personal and conif d pay me to help them understant what is happening. I do not refues any ntial.	dential information about or clients. All information said			
	alty under the law of Utah that the foregoing is true and correct.				
gned on the $\frac{4}{\text{Date}}$ da	y of February , 2020 Year ,				
SLCO Governnment C	enter SLC UT				
City or other location, as	nd state or county				
ngela Cortese					
rinted Name					
Goda	Cortes				
anature					

(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*.)

Angela Cortese IT Project Manager	385-468-0693		
Covered Person Position, or County Division for which you are employed or volunteering	County/Volunteer's Phone		
8251s 560e Sandy UT 84070			
Covered Person's County Address/Volunteer's Address	<del></del>		
B. Uber			
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			
Uber - I am a driver.			
Covered person's status, relationship or commitment to the institution, entity, business or person named	above		
Uber HQ 1455 Market St #400, San Francisco, CA 94103 (800-353-823	37 or 800-353-Uber)		
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 identific	ed in subsection (B) above:		
I receive or have agreed to receive compensation for assisting a person or business entity in a transac			
I am an officer, director, agent, employee or the owner of a substantial interest in a business entity t			
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 w 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.			
e a detailed description of the actual or potential conflicts of interest identified above, i.e., the nature of the relationship of each business y or person with the County. Use more sheets if necessary. (This disclosure statement will not be accepted as valid unless this section			
is completed.)	ccepieu us vana umess ims section		
As a driver I could pick up anyone as a fare and wold accept payment and tip for driving them able to refuse anyone from my services.	to a destination. I am not		
I declare under criminal penalty under the law of Utah that the foregoing is true and correct.			
4 Fahrung 2000			
Signed on the Date Month Year,			
SLCO Government Center SLC UT			
City or other location, and state or county			
Angela Cortese			
Printed Name			
Angela Cortese Digitally signed by Angela Cortese Date: 2020.02.04 17:05:53 -07'00'			

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.

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*.)

Michael Duncan GIS Analyst - Information Technology	(385) 468-0732		
Covered Person Position, or County Division for which you are employed or volunteering 2001 S State St #S3 600	County/Volunteer's Phone		
Consideration in the Constant Consideration of Constant C			
Covered Person's County Address/Volunteer's Address			
CivicLens			
Outside institution, entity, private business or person in which the Covered Person has a personal or is required in the above section	ousiness interest for which disclosure		
Consultant			
Covered person's status, relationship or commitment to the institution, entity, business or person nan	ned above		
1044 N Downing St Denver, CO 80218 - Ph# (720)727-7002			
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 idea	ntified 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			
I am an officer, director, agent, employee or the owner of a substantial interest in a business end Salt Lake County.	tity 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 self-like County	nat 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.	paone danes.		
Cive a detailed description of the natural annestantial conflicts of interest identified above it at the nat	our of the relationship of each business		
D. Give a detailed description of the actual or potential conflicts of interest identified above, i.e., the nature of the relati entity or person with the County. Use more sheets if necessary. (This disclosure statement will not be accepted as is completed.)			
I am a consultant for CivicLens, which mostly deals with local government agencies around potential dealings or business with Salt Lake County.  My role as a consultant is mainly Python solutions for Web GIS. Programming and and ot I'm notifying the County becuase the work I am involved in relates to similar duties here at any dealing with or about Salt Lake County, and would remove myself from the project if the	her GIS work. Salt Lake County. There isn't		
declare under criminal penalty under the law of Utah that the foregoing is true and correct.			
igned on the day of, 2020 ,			
Date day of, Year ,			
Salt Lake City, UT			
City or other location, and state or county			
lichael Duncan			
rinted Name			
Mary Jun			
ignature			

(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.	Valina Eckley	Web Deve	_	arding my personal or business interest. (Type	8-0714	
	Covered Person	Position, or Co	unty Division	for which you are employed or volunteering	County/Volunteer's Phone	
	2001 S State St			•	·	
	Covered Person's Coun	ty Address/Volum	eer's Address			
В.	Cheer Salt Lake	•				
	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					
	Executive Director					
	Covered person's status, relationship or commitment to the institution, entity, business or person named above					
	4308 S Whitby (	Ct. Taylorsvi	le UT 841	23		
	Address and phone num	ber of the instituti	on, entity, bus	iness or person named above		
C.	Select the category tha	y that applies to yourself and the outside institution, entity, business or person identified in subsec		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.					
	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, di	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 i	interest that create	s a potential or	actual conflict with my public duties.		
D.	Give a detailed description of the actual or potential conflicts of interest identified above, i.e., the nature of the relationship of each business entity or person with the County. Use more sheets if necessary. (This disclosure statement will not be accepted as valid unless this section is completed.)					
	I am the Executive Description receive no compension organization.	Director of Cheer ation for our wor	Salt Lake - V k, and we wil	Ve are a non-profit cheer team which raises I not be doing business with the county, and	money for charity. We d is a purely volunteer ran	
	organization.					
I d	eclare under criminal per	nalty under the law	of Utah that t	he foregoing is true and correct.		
		y of	2020			
Si	Date Date	Month	Year'			
	Salt Lake City					
at.	City or other location, a	nd state or county		<del>_</del>		
	lina Eckley	•				
	nted Name			_		
Va	lina Eckley					
	a Eckley (Jan 13, 2020) mature	<del></del>		_		

(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.	Michael Welling Information Technology	385-468-0718			
	Covered Person Position, or County Division for which you are employed or volunteering	County/Volunteer's Phone			
	2001 South State Street, S3-600 Salt Lake City, Utah 84190-3050				
	Covered Person's County Address/Volunteer's Address				
B.	Smith's Marketplace				
	Outside institution, entity, private business or person in which the Covered Person has a personal or busis required in the above section	siness interest for which disclosure			
	Part-Time Employment				
	Covered person's status, relationship or commitment to the institution, entity, business or person named above				
	1550 E 3500 N, Lehi, UT 84043				
	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.		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 is completed.)  Part Time Employment					
ī da	eclare under criminal penalty under the law of Utah that the foregoing is true and correct.				
Sig	gned on the Date day of Month , 2020 , Year				
	Salt Lake City, UT				
at _	City or other location, and state or county				
	chael Welling				
	nted Name				
	lichael Welling Digitally signed by Michael Welling Date: 2020.01.13 11:59:38 -07'00'				
	J Date: 2020.01.13 11:39:30 -0/700				

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*.)

<sub>A.</sub> Kristine Pepi	n Division Office Coordinator	385.486.0625			
Covered Person	Position, or County Division for which you are employed or volunteering	County/Volunteer's Phone			
604 Sider Dri	604 Sider Drive, North Salt Lake, UT 84054				
Covered Person's C	ounty Address/Volunteer's Address				
B. City of North	City of North Salt Lake Arts, Parks & Trails Board				
Outside institution,	utside institution, entity, private business or person in which the Covered Person has a personal or business interest for which disclosure required in the above section				
Board memb	Board member				
Covered person's st	Covered person's status, relationship or commitment to the institution, entity, business or person named above				
10 E Center	Street, North Salt Lake, UT 84054				
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 ider	atified in subsection (R) above:			
<del></del>	I receive or have agreed to receive compensation for assisting a person or business entity in a transaction involving Salt Lake County.				
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 Sa Lake County.				
I am an office	I am an officer, director, agent, employee or owner of a substantial interest in a business entity that does or anticipates doing business v				
I hold an inve	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 perso	I hold a personal interest that creates a potential or actual conflict with my public duties.				
None of the a	pove categories apply.				
<ol> <li>Give a detailed des entity or person w is completed.)</li> </ol>	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 participate as a enhance and pla	member of the Parks, Trails, and Arts Board. We meet monthly. Our goan cultural events, review and make recommendations on the city parks an	al is to work with the city to ad trails in North Salt Lake.			
6	penalty under the law of Utah that the foregoing is true and correct.				
Signed on the Date	day of February , 2020 , Year ,				
Salt Lake County I	nformation Technology				
City or other location	n, and state or county				
Kristine W Pepin					
Printed Name					
Kristine Pep	Din Digitally signed by Kristine Pepin Date: 2020.02.06 16:16:32 -07'00'				
Signature					

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

(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.	Brent Thompson Business Analyst	13854680710			
• ••	Covered Person Position, or County Division for which you are employed or volunteering	County/Volunteer's Phone			
	2001 State Street S3-600 SLC, UT 84190				
	Covered Person's County Address/Volunteer's Address				
В.	Tinc Shave Ice				
	Outside institution, entity, private business or person in which the Covered Person has a personal or business required in the above section	ness interest for which disclosure			
	Owner				
	Covered person's status, relationship or commitment to the institution, entity, business or person named	above			
	3096 S. WaterLeaf Way WVC, UT 84128 (801-867-9628)				
	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	ed 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 to Salt Lake County.	that is subject to the regulation of			
	I am an officer, director, agent, employee or owner of a substantial interest in a business entity that does or anticipates doing business with Salt Lake County.				
	I hold an investment or other financial interest that creates a potential or actual conflict with my put 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 of the relationship entity or person with the County. Use more sheets if necessary. (This disclosure statement will not be accepted as valid un					
	is completed.) I do business within the county other than having to compy with any County regulations, I see	no real possibility for a			
	conflict.				
Ιđ	declare under criminal penalty under the law of Utah that the foregoing is true and correct.				
	Total Control of the				
Si	gned on the $\frac{13}{\text{Date}}$ day of $\frac{\text{January}}{\text{Month}}$ , $\frac{\text{Z}}{\text{Year}}$ ,				
at.	Salt Lake City, Utah				
at.	City or other location, and state or county				
\ 	Brent Thompson				
Pr	inted Name				
<del>~</del>	pm They				
Si	gnature				

This statement is a public document. It must be filed with the covered person's immediate supervisor, volunteer or community liaison, division director, department director or elected official, and the County Council. It must be filed when the potential conflict arises and re-