(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.	Brock Yancey	Program Manager	385-468-4512
• ••	Covered Person	Position, or County Division for which you are employed or volunteering	County/Volunteer's Phone
	177 W. Price Ave.	SLC, Ut 84115	
	Covered Person's Coun	ty Address/Volunteer's Address	
B.	Blomquist Hale Em	ployee Assistance	
	Outside institution, enti is required in the above	ty, private business or person in which the Covered Person has a personal or busi section	ness interest for which disclosure
	Part Time Therapis		
	Covered person's status	s, relationship or commitment to the institution, entity, business or person named	above
	869 E, 4500 S. #20	01 Murray, Ut 84107 801-262-9619	
	Address and phone num	ther of the institution, entity, business or person named above	
C.	Select the category tha	at applies to yourself and the outside institution, entity, business or person identifi	ed in subsection (B) above:
	I receive or have a	agreed to receive compensation for assisting a person or business entity in a transact	ction involving Salt Lake County.
	Salt Lake County.		-
	with Salt Lake Co		
		ent or other financial interest that creates a potential or actual conflict with my puinterest that creates a potential or actual conflict with my public duties.	one duties.
D.	Give a detailed descrip entity or person with the is completed.)	tion of the actual or potential conflicts of interest identified above, i.e., the nature the County. Use more sheets if necessary. (This disclosure statement will not be a	of the relationship of each busine ccepted as valid unless this section
	The business doe	s not have a relationship with SL County. There is no actual or pot	ential conflict.
I de	clare under criminal per	nalty under the law of Utah that the foregoing is true and correct.	····
	•	•	
218	ned on the <u>11th                                   </u>	y of <u>January</u> , <u>2021</u> , Month Year	
at .	Salt Lake City, Ut		
•	City or other location, a	nd state or county	
Br	ock Yancey		
Pri	ited Name		
B	rock Yancey	Digitally signed by Brock Yancey Date: 2021.01.11 08:19:19 -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.) County Division employed or volunteering County/Volunteer's Phone Address/Volunteer's Address Outside institution, entity, private ersonal or business interest for which disclosure is required in the above section mitment to the institution, entity, business or person named above Address and phone number of the institution, entity, business or person named above Select the category that applies to yourself and the outside institution, entity, business or person identified in subsection (B) above: I receive or have agreed to receive compensation for assisting a person or business entity in a transaction involving Salt Lake County. I am an officer, director, agent, employee or the owner of a substantial interest in a business entity that is subject to the regulation of Salt Lake County. I am an officer, director, agent, employee or owner of a substantial interest in a business entity that does or anticipates doing business with Salt Lake County. I hold an investment or other financial interest that creates a potential or actual conflict with my public duties. I hold a personal interest that creates a potential or actual conflict with my public duties. Give a detailed description of the actual or potential conflicts of interest identified above, i.e., the nature of the relationship of each business entity or person with the County. Use more sheets if necessary. (This disclosure statement will not be accepted as valid unless this section is completed.) Private Therapist I declare under criminal penalty under the law of Utah that the foregoing is true and correct. Signed on the  $\frac{10}{\text{Date}}$  day of  $\frac{1}{\text{Month}}$ City or other location, and state or county Signature

•	DISCEOSURE OF PERSONAL OR FINANCIAL INTEREST (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. A. Tutumn Batta Youth Worker Jouth Stryiers Man.  Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone
	Covered Person's County Address/Volunteer's Address  Position, or County Division for which you are employed or volunteering  County/Volunteer's Phone  South Salt Lake, 84115
	B
	Covered person's status, relationship or commitment to the institution, entity, business or person named above
	Address and phone number of the institution, entity, business or person named above
	C. Select the category that applies to yourself and the outside institution, entity, business or person identified in subsection (B) above:
	I receive or have agreed to receive compensation for assisting a person or business entity in a transaction involving Salt Lake County.
	I am an officer, director, agent, employee or the owner of a substantial interest in a business entity that is subject to the regulation of Salt Lake County.  I am an officer, director, agent, employee or owner of a substantial interest in a business entity that does or anticipates doing business with Salt Lake County.
	I hold an investment or other financial interest that creates a potential or actual conflict with my public duties.  I hold a personal interest that creates a potential or actual conflict with my public duties.
j	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.)
	nene
I	declare under criminal penalty under the law of Utah that the foregoing is true and correct.
	Signed on the 10 day of Nanuary 202,  Date Month Year
a	City or other location, and state or county
	Λ
P	Attumn Batta Trinted Name
_	in that
3	Signature // V*V

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

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

(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.	Juliana Ferry Va Juliana Terry Va Juliana Terry Va Juliana Terry Va Juliana Terry Va Juliana Valuateria (385) 468-4470 Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone
	177 West price Ave. SLC 84/15 Covered Person's County Address/Volunteer's Address
В.	Outside institution, entity, private business or person in which the Covered Person has a personal or business interest for which disclosure is required in the above section
	School
	Covered person's status, relationship or commitment to the institution, entity, business or person named above
	S27 West 400 N Sanatoga Spring, Utah 840 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.)
	Special Ed Aide.
	<b>,</b>
	eclare under criminal penalty under the law of Utah that the foregoing is true and correct.
Sig	ned on the 10 day of 01' Year Year
t _	SLC Utah.  City or other location, and state or county
	Mana Ferneyra
المانة المحيم	Jarara france.
ııg	latyre -

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*.)

Δ	Mina Koplin Chair CWIC 385-468-46
Λ.	Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone
	195 North 1950 West XC, UT 54116
	Covered Person's County Address/Volunteer's Address
B.	Outside institution, entity, private business or person in which the Covered Person has a personal or business interest for which disclosure
	is required in the above section
	195 N 1950 W
	Covered person's status, relationship or commitment to the institution, entity, business or person named above
	Address and phone number of the institution, entity, business or person named above
C.	Select the category that applies to yourself and the outside institution, entity, business or person identified in subsection (B) above:
	I receive or have agreed to receive compensation for assisting a person or business entity in a transaction involving Salt Lake County.
	I am an officer, director, agent, employee or the owner of a substantial interest in a business entity that is subject to the regulation of Salt Lake County.
	I am an officer, director, agent, employee or owner of a substantial interest in a business entity that does or anticipates doing business with Salt Lake County.
	I hold an investment or other financial interest that creates a potential or actual conflict with my public duties.
	I hold a personal interest that creates a potential or actual conflict with my public duties.
D.	Give a detailed description of the actual or potential conflicts of interest identified above, i.e., the nature of the relationship of each business entity or person with the County. Use more sheets if necessary. (This disclosure statement will not be accepted as valid unless this section is completed.)
	I can the Chair for the CWIC Child welfour transmitted but
	This Committee understads, from ites 3 and vocates for the Best Interest
	This (minited understands) francites - was values . I Class miles
	and Practices to Present Child Abuse and or Neglect. It remarks The
	DCFS System and gives feedback, Trisisan un paid Position.
I d	eclare under criminal penalty under the law of Utah that the foregoing is true and correct.
Sig	ned on the day of,
	Date Month Year
at _	City or other location, and state or county
	AA 1 A 1 A 1
Pri	ofed Name
(	Mi Kad

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.	JD Green	Youth Services Program	Manager	385-468-4487
	Covered Person	Position, or County Division f	or which you are employed or volunteering	County/Volunteer's Phone
	177 W Price Ave So	uth Salt Lake City UT 841	15	
	Covered Person's County	Address/Volunteer's Address		
В.	Insight Counseling S			
	Outside institution, entity, is required in the above se		which the Covered Person has a personal or busi	ness interest for which disclosure
	Owner/Operator			
	Covered person's status, r	relationship or commitment to t	he institution, entity, business or person named	above
	963 N 1025 E Ogder			
	Address and phone number	er of the institution, entity, busi	ness or person named above	
C.	Select the category that a	applies to yourself and the outsi	de institution, entity, business or person identifi	ed in subsection (B) above:
	I receive or have aga	reed to receive compensation for	assisting a person or business entity in a transac	ction involving Salt Lake County.
	Salt Lake County.		ner of a substantial interest in a business entity	
	with Salt Lake Cour	nty.	of a substantial interest in a business entity that	
			creates a potential or actual conflict with my pu actual conflict with my public duties.	blic duties.
D.			licts of interest identified above, i.e., the nature cessary. (This disclosure statement will not be a	
		st. ICS does not have any	past, present nor anticipated transacti	ons with Salt Lake County
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
				}
l de	clare under criminal penal	ty under the law of Utah that th	e foregoing is true and correct.	
Sig	ned on the 7 day o	of January , 2021,		
0	Date	Month 'Year'		
	Salt Lake City Uath		•	
(	City or other location, and	state or county		
JD	Green ited Name			
<u>J.</u>	Douglas Green	Digitally eigned by J. Douglas Green Date: 2021.01.07 09:34:21 -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.)

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.)

	Levaugh Wilkins Youth Worker	J85-468- 4463
A	Covered Person Position, or County Division for which you are employed	d or volunteering County/Volunteer's Phone
В	Covered Person's County Address/Volunteer's Address  Volunteer's Address  Outside institution, entity, private business or person in which the Covered Person I	has a personal or business interest for which disclosure
	is required in the above section  Park Yinc	
_	Covered person's status, relationship or commitment to the institution, entity, business 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, busing	ness or person identified in subsection (B) above:
D.	I receive or have agreed to receive compensation for assisting a person or busing a perso	at in a business entity that is subject to the regulation of a business entity that does or anticipates doing business al conflict with my public duties. blic duties.  above, i.e., the nature of the relationship of each business tatement will not be accepted as valid unless this section.
	I Work Wide homless People 18 and  6) Smeric - J help distribute  The Shell Proces,	up Shrough Volundeers
	6) Smeric J help disdribute	rejoinces and monther
	The Shell- proces,	
I dec	clare under criminal penalty under the law of Utah that the foregoing is true and cor	rect.
	ned on the 1 day of 7 , z1, Year,	
at _	Scif Loke CAM LT  City or other location, and state or county	
Print	LeVaya Wilking	
	neu i tuine	

(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.	Corylyh Ybarra Youth Pervices 395-468-444
	Covered Person  Position, or County Division for which you are employed or volunteering  County/Volunteer's Phone  LC, VT 9415
В.	Covered Person's County Address/Volunteer's Address  HIM AN SDY MAR SDEED COUNTY  CONTRACTOR OF THE PROPERTY O
	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  Contract the Covered Person has a personal or business interest for which disclosure
	Covered person's status, relationship or commitment to the institution, entity, business or person named above  44605 Ham Dr 5424  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.)
	only see private insurance clients— no conflict as youth services only sees
	no conflict as youth services only sees
	medicaid clients
I de	eclare under criminal penalty under the law of Utah that the foregoing is true and correct.
Sig	ned on the Table day of UNVAry 1,00
at_	City or other location, and state or county
	Cornium Ubarra
Pri	ntedName
Sig	nature

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

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

(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.	Carolyn Hansen	Director		385-468-4510		
•••	Covered Person	Position, or Cou	inty Division for which you are employed or volunteering	County/Volunteer's Phone		
	177 W Price Ave S	LC, UT 84115				
	Covered Person's Coun	ty Address/Volunt	eer's Address			
В.	OPTAVIA					
	Outside institution, entire is required in the above		s or person in which the Covered Person has a personal or bus	iness interest for which disclosure		
	Health Coach					
	Covered person's status	, relationship or co	mmitment to the institution, entity, business or person named	above		
	100 International D	rive, 18th Floor	Baltimore, MD 21202 1-888-OPTAVIA			
	Address and phone num	ber of the institution	on, entity, business or person named above			
C.	Select the category tha	t applies to yourse	If and the outside institution, entity, business or person identif	ied in subsection (B) above:		
	I receive or have a	greed to receive co	empensation for assisting a person or business entity in a transa	ction involving Salt Lake County.		
	Salt Lake County.		oyee or the owner of a substantial interest in a business entity			
	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.				
			al interest that creates a potential or actual conflict with my postential or actual conflict with my public duties.	ıblic duties.		
D.	Give a detailed descript		r potential conflicts of interest identified above, i.e., the nature ore sheets if necessary. (This disclosure statement will not be a			
	plans. Assist clien calls to clients on assistance in coad	ts with ordering plan. Assist oth ching others on	persons who are interested in losing weight throug kits, beginning their plan, answer questions about lers in becoming an OPTAVIA coach and provide to this plan. Those who are on plan who work for SL rides them with information about the plan.	plan, make weekly coach hem with information and		
l de	clare under criminal pen	alty under the law	of Utah that the foregoing is true and correct.			
Sig	ned on the <u>7th</u> day Date	y of <u>January</u> Month	, <u>2021</u> , Year			
	Salt Lake City, Utah City or other location, a					
,	ony or other toeatton, as	nd state or county				
Ce	rolyn Hansen nted Name					
		Paration de la	Panks I Hanna			
C	arolyn J. Hanse	Date: 2021.01.07 1	Gerbyn J. Hansen 1:28:41 -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.)

Λ	Carolyn Hansen	Director	385-468-4510
۸.	Covered Person	Position, or County Division for which you are employed or	volunteering County/Volunteer's Phone
	177 W Price Ave SI	C. UT 84115	
		Address/Volunteer's Address	
B.	Raise The Future		
	Outside institution, entit	, private business or person in which the Covered Person has	personal or business interest for which disclosur
	is required in the above	ection	
	Board member		
	Covered person's status,	relationship or commitment to the institution, entity, business	or person named above
		, Suite 101 Midvale, UT 84097	
	Address and phone num	per of the institution, entity, business or person named above	
C.		applies to yourself and the outside institution, entity, business	
	<u></u>	reed to receive compensation for assisting a person or business	
	Salt Lake County.	ector, agent, employee or the owner of a substantial interest in	
	I am an officer, dir with Salt Lake Co	ector, agent, employee or owner of a substantial interest in a bu inty.	siness entity that does or anticipates doing busine
	I hold an investme	nt or other financial interest that creates a potential or actual co	nflict with my public duties.
	X I hold a personal i	terest that creates a potential or actual conflict with my public	duties.
_		ion of the actual or potential conflicts of interest identified above	ve. i.e., the nature of the relationship of each busing
D.	entity or person with the	e County. Use more sheets if necessary. (This disclosure state	ment will not be accepted as valid unless this sec
	is completed.)		
	adopted and fund	pard meetings every other month. Board meetings a aising event coordination to support non-profit age	ddress children who are waiting to be ncy. Share resources regarding Youth
	Services with boa	d members. No known conflict.	
			_
lo	lectare under criminal per	alty under the law of Utah that the foregoing is true and correc	
e:	gned on the 7th da	of January , 2021,	
31	Date Date	Month Year	
at	Salt Lake City, Utah		
	City or other location, a	nd state or county	
С	arciyn Hansen		
-	arclyn Hansen inted Name		
C	arolyn J. Hanse	Digitally signed by Carolyn J. Hansen Digitally signed by Carolyn J. Hansen	
Si	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.)

	Carolyn Hansen Director	385-468-4510
A.	Covered Person Position, or County Division for which you are employed or volunteering	County/Volunteer's Phone
	177 W Price Ave SLC, UT 84115	
	Covered Person's County Address/Volunteer's Address	
В.	Utah Board of Juvenile Justice  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
	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	<del></del>
Ç.	Select the category that applies to yourself and the outside institution, entity, business or person identify	fied in subsection (B) above:
	I receive or have agreed to receive compensation for assisting a person or business entity in a transf	action 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 p  I hold a personal interest that creates a potential or actual conflict with my public duties.	ublic duties.
D.	Land	e of the relationship of each busine: accepted as valid unless this section
	Attend monthly board meetings. Board meetings address policy and programming in the Juvenile Justice and DCFS systems. Vote on new board members, board members on current legislation effecting youth. Vote on use of UBJJ grants. Appointed by the role as Youth Services director.	eeting agendas, give input
10	leclare under criminal penalty under the law of Utah that the foregoing is true and correct.	
Si	igned on the 7th day of <u>January</u> , <u>2021</u> , Date Month Year	
at	Salt Lake City, Utah  City or other location, and state or county	
	•	
<u>C</u> Pr	arolyn Hansen	
<u>C</u>	Carolyn J. Hansen Digitally signed by Carolyn J. Hansen Date: 2021.01.07 11:38:41-07:00	

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.)

Α.	Annie Brantley	Youth Service		385-468-4452
	Covered Person	Position, or County	Division for which you are employed or volunteering	County/Volunteer's Phone
	177 W. Price Ave. S	SLC, UT 84115		
	Covered Person's County	y Address/Volunteer's	s Address	
B.	National Park Service			
	Outside institution, entity is required in the above s		person in which the Covered Person has a personal or bus	iness interest for which disclosure
	Employee - Supervi			
	Covered person's status,	relationship or commi	itment to the institution, entity, business or person named	above
	2038 Alpine Loop R			
	Address and phone numb	er of the institution, e	entity, business or person named above	
C.	Select the category that	applies to yourself and	d the outside institution, entity, business or person identif	ied in subsection (B) above:
	I receive or have ag	reed to receive compe	ensation for assisting a person or business entity in a transa	ction involving Salt Lake County.
	Salt Lake County.		or the owner of a substantial interest in a business entity	, ,
	with Salt Lake Cou	nty.	or owner of a substantial interest in a business entity that	
			terest that creates a potential or actual conflict with my pu putential or actual conflict with my public duties.	blic duties.
D.	Give a detailed descripti	on of the actual or pote County. Use more sl	ential conflicts of interest identified above, i.e., the nature heets if necessary. (This disclosure statement will not be a	of the relationship of each busines accepted as valid unless this section
	The National Park	Service and Salt L	ake County have no known relationship at this	time.
			•	
l d	eclare under criminal pena	lty under the law of U	Itah that the foregoing is true and correct.	
Sig	ned on the 9 day	of 1 , 2	<u>021</u> ,	
	<u>Salt Lake City, UT 84</u> City or other location, and		<del></del>	
Δr	nie Brantley			
	nted Name	4.0	<del></del>	
0	anne Bra	oratta)		
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*.)

Α.	Kent G. Larson
	Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone
	177 W. Price Ave Salt Lake City, UT 84115
	Covered Person's County Address/Volunteer's Address  Kenl G Larson Counselyg Service - private business
В.	Outside institution, entity, private business or person in which the Covered Person has a personal or business interest for which disclosure
	is required in the above section
	Sole proprietor - private therapist working independently Covered person's status, relationship or commitment to the institution, entity, business or person named above
	3578 W. 4850 S. Taylors ville UT 84(29 (901) 558-6253
	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	None of the above categories apply.  Give a detailed description of the actual or potential conflicts of interest identified above, i.e., the nature of the relationship of each business
D.	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 have my own pusness, located within Soft have country
	Where I mostly see adults. I do see a few teens. If
	I have seen a teen, or his/her parent at Youth Semali
	I have my own pusness, located within Solt Lake County Where I mostly see adults. I do see a few teens IF I have seen a teen, or his/her parent at Youth Seman I don't see them in my private processe and vice versa.
I	declare under criminal penalty under the law of Utah that the foregoing is true and correct.
Si	gned on the 18th day of January 2021
at	Salt Lake City UT City or other location, and state or county
Pr	Kent G. Harson, LCSW inted Name

(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.)

•	DAUGUAS	BUNKER	Varions SED WES	385.410.45/1
A.	Covered Person	Position, or Cou	with SERVICES unty Division for which you are employed or which you ar	volunteering County/Volunteer's Phone
	177 W.P.		SALT LAKE CITY, UT	
B.	Outside institution, es is required in the abo	ntity, private business	PSYCHOLO 6 Y s or person in which the Covered Person has a	personal or business interest for which disclosure
	SOLE PROP	RIETOR	mmitment to the institution, entity, business of	a page a page d chave
	-	•	• • •	•
	Address and phone no	umber of the institution	On, entity, business or person named above	11-710-1128
C.	Select the category t	hat applies to yoursel	f and the outside institution, entity, business of	r person identified in subsection (B) above:
	I receive or have	e agreed to receive co	mpensation for assisting a person or business	entity in a transaction involving Salt Lake County.
	I am an officer, Salt Lake Coun	director, agent, emple ty.	oyee or the owner of a substantial interest in a	business entity that is subject to the regulation of
	with Salt Lake	County.		ness entity that does or anticipates doing business
			al interest that creates a potential or actual con a potential or actual conflict with my public o	
D.	Give a detailed described or person with is completed.)	ription of the actual or a the County. Use mo	potential conflicts of interest identified above ore sheets if necessary. (This disclosure staten	, i.e., the nature of the relationship of each busines nent will not be accepted as valid unless this section
	PRACTICE	. I HAVE	ICT IS OF REFERRING NOT AND WILL NOT ACC CLIENTS OF THE DIVISI	LEPT CLIENTS WHO ARE
i de	eclare under criminal r	enalty under the law	of Utah that the foregoing is true and correct.	
	ned on the 14			
at_	SALT LAKE (City or other location,	and state or county		
Prin	DOUGLAS (Soundary Constants)	BUNKER		
8	Jouglas BK	Bunken		
Sie	naturk			

(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.)

Chris Bereshnyi Family Therapist	385-468-4545				
Covered Person Position, or County Division for which you are employed or volunteering	County/Volunteer's Phone				
177 W Price Ave					
Covered Person's County Address/Volunteer's Address					
Humane Society of Utah and Ruff Haven					
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				
Volunteer					
Covered person's status, relationship or commitment to the institution, entity, business or person named a	above				
HSU- 4242 S 300 W RH- 1370 S 400 W					
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 identific	ed in cubsection (R) above:				
I receive or have agreed to receive compensation for assisting a person or business entity in a transaction.	• •				
I am an officer, director, agent, employee or the owner of a substantial interest in a business entity to	•				
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 wi 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.					
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 walk dogs at HSU and work with the cats at Ruff Haven.					
eclare under criminal penalty under the law of Utah that the foregoing is true and correct.					
ned on the <u>12th</u> day of <u>January</u> , <u>2021</u> , Date Month Year					
Salt Lake City, Utah					
City or other location, and state or county					
ris Bereshnyi nted Name					
nris Bereshnyi Data: 2021.01.12 17:07:38 -0700'					

(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.	German Ochoa		Worker		385-210-4450			
	Covered Person Po 177 W. Price Ave Salt La		=	or which you are employed or volunteering	County/Volunteer's Phone			
В.	Covered Person's County Address/Volunteer's Address Weber Human Services							
		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  German Ochoa						
	•	•	mmitment to th	ne institution, entity, business or person named	above			
	237 26th St, Ogden U Address and phone number of		on, entity, busin	ness or person named above				
_	-				ind in mulanasian (D) abanca			
C.		=		de institution, entity, business or person identifications are a service and a service				
			•	assisting a person or business entity in a transa ner of a substantial interest in a business entity				
	Lake County.	r, agent, emp	loyee or the own	ner of a substantial interest in a business citity	mat is subject to the regulation of Salt			
	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						
	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 cate	gorics 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 bus entity or person with the County. Use more sheets if necessary. (This disclosure statement will not be accepted as valid unless this se is completed.)								
Part time Prevention Group Facilitator								
Ιđ	eclare under criminal penalty (	under the law	of Utah that the	e foregoing is true and correct.				
Sig	gned on the $\frac{13}{\text{Date}}$ day of $\frac{1}{N}$	January Aonth	- ' <del>Year</del> '					
at -	Salt Lake City Ut City or other location, and sta	ate or county		-				
	German Ochoa							
Pri	nted Name							
	German Ochoa							
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.)

A.	Desiree Steadman-( Full time Family Therapist	801-842-4192		
	Covered Person Position, or County Division for which you are employe	d or volunteering County/Volunteer's Phone		
	177 W. Price Ave. South Salt Lake City, Utah 84115			
	Covered Person's County Address/Volunteer's Address			
B.	MEHR Therapeutic Counseling Services	50000		
	Outside institution, entity, private business or person in which the Covered Person is required in the above section	has a personal or business interest for which disclosure		
	Owner, Therapist			
	Covered person's status, relationship or commitment to the institution, entity, busing	ess or person named above		
	262 E. 3900 S. SU 115 Millcreek Utah 84107			
	Address and phone number of the institution, entity, business or person named above	ve		
C.	Select the category that applies to yourself and the outside institution, entity, busing	ess or person identified in subsection (B) above:		
	I receive or have agreed to receive compensation for assisting a person or busi	ness entity in a transaction involving Salt Lake County.		
	I am an officer, director, agent, employee or the owner of a substantial interes Salt Lake County.	t 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 with Salt Lake County.	· · · · · · · · · · · · · · · · · · ·		
	I hold an investment or other financial interest that creates a potential or actual l hold a personal interest that creates a potential or actual conflict with my pu			
D. Give a detailed description of the actual or potential conflicts of interest identified above, i.e., the nature of the relationship of each entity or person with the County. Use more sheets if necessary. (This disclosure statement will not be accepted as valid unless the is completed.)				
	I am a therapist and business owner. I have some contracts that a companies that pay my for my time through the Insurance Comparwith Stepping Stones, a placement Agency that takes some children	ny of my clients. My company has a contract		
	I haven't had any conflicts in the past. I am very careful and don't a work about 5- 6 hours per week in my company, this is not during I			
l de	eclare under criminal penalty under the law of Utah that the foregoing is true and cor	rect.		
	ned on the 13 day of January , 2021 ,			
Sig	Date Month Year			
5	Sandy Utah in Salt Lake County			
	City or other location, and state or county			
Da	poirae Steadman-Gallegos			
Prir	esiree Steadman-Gallegos nted Name			
	Digitally signed by Ocstron Standmen-Gallogus Outo: 2021.01.13 14:56:44 - 07:00*			
Sig	nature			

oignature

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.) 31 S. Redwood Rd erson's County Address/Volunteer's Address Blda 2 West Outside institution, entity, private business or person in which the Covered Person has a personal or business interest for which disclosure is required in the above section Covered person's status, relationship or commitment to the institution, entity, business or person named above Address and phone number of the institution, entity, business or person named above C. Select the category that applies to yourself and the outside institution, entity, business or person identified in subsection (B) above: I receive or have agreed to receive compensation for assisting a person or business entity in a transaction involving Salt Lake County. I am an officer, director, agent, employee or the owner of a substantial interest in a business entity that is subject to the regulation of Salt Lake County. I am an officer, director, agent, employee or owner of a substantial interest in a business entity that does or anticipates doing business with Salt Lake County. I hold an investment or other financial interest that creates a potential or actual conflict with my public duties. I hold a personal interest that creates a potential or actual conflict with my public duties. 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 provide counseling at Lifeline Community Church, I declare under criminal penalty under the law of Utah that the foregoing is true and correct. Signed on the U day of O year Vest Wordan, Utah Salt Lake County, or other location, and state or county angworthy

(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 Limployees 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	Brooke Blake Family Resource Facilitator Salt Lake County Youth Services 385-215-5355
Λ.	Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone
	Covered Person's County Address/Volunteer's Address
R.	N/A CARI
_	Outside institution, entity, private business of person in which the Covered Person has a personal or business interest for which disclosure
	is required in the above section
	(ART Doors member
	Covered person's status, relationship or commitment to the institution, entity, business or person named above
	Coverage brases a series fermionism to the distinguism of the distingu
	Dandy Dustice Court all W. Segality Its Son
	Address and phone number of the institution, entity, business or person named above
	identified in subsection (B) phones
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 terrate of must reflect to receive combensation of assisting a because a progress arms.
	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
	Solt Lake County.
	I am an officer, director, agent, employee or owner of a substantial interest in a business entity that does or anticipates doing business
	with Salt Lake County.
	I hold an investment or other financial interest that creates a potential or actual conflict with my public duties.
	I hold a personal interest that creates a potential or actual conflict with my public duties.
_	Give a detailed description of the actual or potential conflicts of interest identified above, i.e., the nature of the relationship of each business
D.	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.)
	;
Ιđ	celare under criminal penalty under the law of Utah that the foregoing is true and correct.
•	med on the 7 day of 1, 2021,
Sti	ned on the 7 day of 1
	!
o#	Sait Lake County, Utah
ж.	City or other location, and state or county
R	ooke Blake
鬜	ated Name
P	rooke Blake Digitally signed by Brooke Blake Date: 2021.01.07 11:39:17 -07:00
	TOOKE Blake Date: 2021.01.07 11:39:17 -07'00'
	an officeral

(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.	Lauren Greco	Family Resource Facili	ator	385-414-3584				
	Covered Person		for which you are employed or volunte					
	177 W Price Ave,	SLC, Utah 84115.						
		nty Address/Volunteer's Address		1 11 1.				
В.	See-attacthment	Oprunte Scho	ol District Men					
			which the Covered Person has a person	al or business interest for which disclosure				
	is required in the above	section with NOTE	amanianilles	member				
	250V/S	1 DA COTE I WIL	CONTRACE	Menos				
	Covered person's statu:		the institution, entity, business or perso	on named above				
	7500	S State St	,510 JUT					
	Address and phone num	nber of the institution, entity, but	siness or person named above					
_	O location and							
C.	Select the category tha	if applies to yourself and the out	side institution, entity, business or perso	on identified in subsection (B) above:				
	I receive or have	agreed to receive compensation f	or assisting a person or business entity in	n a transaction involving Salt Lake County.				
	I am an officer, di Salt Lake County		wner of a substantial interest in a busine	ess entity that is subject to the regulation of				
	I am an officer, di	irector, agent, employee or owner	of a substantial interest in a business er	ntity that does or anticipates doing business				
	1 1	with Salt Lake County.  I hold an investment or other financial interest that creates a potential or actual conflict with my public duties.						
			actual conflict with my public duties.	mi my puone daties.				
_								
D.				he nature of the relationship of each busines Il not be accepted as valid unless this sectio				
	is completed.)	no county. Oscinore succis it it	Accessing. (17113 tilstriostire situement wit	i noi de accepieu as valla liniess inis sectio				
				-				
1 4.	clare under criminal na	nalty under the law of Utah that t	he formation is true and correct					
u	ciaic under criminas per	iaity under the law of Otali that t	ne to regoing is true and correct.					
Sig	ned on the 07 da	y of <u>01</u> , <u>2021</u> ,						
	Date	Month Year						
ot 1	177 W Price Ave, SI	LC. Utah 84115.						
	City or other location, a		<del></del>					
La	uren Greco Ited Name		<u>-</u> :					
_	_		į.					
La	auren Greco	Digitally signed by Lauren Greco Date: 2021.01.07 10:53:42 -07'60						

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

Stenature

(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.) Covered Person's County Address/Volunteer's Address District Court Sovenile 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 JDTC team member aching Family Resource Facilitator
Covered person's status, relationship or commitment to the institution, entity, business or person named above Courthouse 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 In this assignment I am acting as a family Resource Facilitator from representing the Division of York. Services so there is no conflict at the services I declare under criminal penalty under the law of Utah that the foregoing is true and correct. \_\_ day of Anus my , 202, Month Year SMF Lake City, While, Steamty
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.)

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.	Mandy Susaeta	Division of Youth Services	385-315-1 <i>4</i> 31					
	Covered Person	Position, or County Division for which you are employed or volunteering	County/Volunteer's Phone					
	177W. Price Ave Sc	outh Salt Lake, UT 84115						
	Covered Person's County	Covered Person's County Address/Volunteer's Address						
B.	Systems of Care So							
	Outside institution, entity 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					
	Committee member							
	Covered person's status,	Covered person's status, relationship or commitment to the institution, entity, business or person named above						
	3450 S 900 W Sout	h Salt Lake, UT 84119, 385-414-1644						
		per of the institution, entity, business or person named above	<del></del>					
c.	Select the category that	applies to yourself and the outside institution, entity, business or person identifi	ed in subsection (B) above:					
	I receive or have ag	creed 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.						
	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 or actual conflict with my putterest 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 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.)		· <del>····································</del>					
	1							
			•					
í de	clare under criminal nena	alty under the law of Utah that the foregoing is true and correct.						
	•							
Sig	ned on the <u>08</u> day Date	of 01 , 2021, Month Year						
at .	Salt Lake City, Utah							
(	City or other location, and	d state or county						
Ma	andy Susaeta							
	nted Name	Digitally signed by Mandy Susaeta						
	andy Susaeta	Date: 2021.01.08 11:42:34 -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.)

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.	iviandy Susaeta	Division of	Youth Service	es <u></u>	385-315-1431
•••	Covered Person	Position, or C	ounty Division fo	or which you are employed or volunteerin	g County/Volunteer's Phone
	177W. Price Ave Sc				
	Covered Person's Count	y Address/Volu	nteer's Address		
В.	CARE Court				
	Outside institution, entity is required in the above s		ess or person in w	which the Covered Person has a personal o	r business interest for which disclosure
	•				
	Committee member		11		1-t
	•	•		he institution, entity, business or person n	imed above
	450 S State St Salt				
	Address and phone num	per of the institu	ition, entity, busii	ness or person named above	
C.	Select the category that	applies to your	self and the outside	de institution, entity, business or person ic	lentified in subsection (B) above:
	I receive or have ag	greed to receive	compensation for	r assisting a person or business entity in a t	ransaction involving Salt Lake County.
	I am an officer, dir Salt Lake County.	ector, agent, em	ployce or the ow	ner of a substantial interest in a business e	ntity that is subject to the regulation of
	I am an officer, dire with Salt Lake Cou		ployee or owner o	of a substantial interest in a business entity	that does or anticipates doing business
	I hold an investme	nt or other finan		creates a potential or actual conflict with	my public duties.
	I hold a personal in	nterest that creat	es a potential or a	notual conflict with my public duties.	
D.	Give a detailed descript	ion of the actual	or potential conf	licts of interest identified above, i.e., the n	ature of the relationship of each busines
	entity or person with the is completed.)	e County. Use	more sheets if nec	cessary. (This disclosure statement will no	of the accepted as valid unless this section
I de	eclare under criminal pens	alty under the la	w of Utah that the	e foregoing is true and correct.	
çi.	ned on the <u>08</u> day	of <u>01</u>	. 2021		
၁၊႘	Date On the OO	Month	Year,		
	Salt Lake City, Utah				
	City or other location, an	d state or count	ty	-	
Ma Pel	andy Susaeta nted Name				
	andy Susaeta	Digitally signed	by Mandy Susaeta 08 11:42:34 -07'00'		
_	nature	Date: 2021.01.0	08 11:42:34 -07'00'		
UIE	market V				

(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.	Mandy Susaeta	Division o	Youth Services		385-315-1431		
,	Covered Person	Position, or	county Division for which ye	ou are employed or volunteering	County/Volunteer's Phone		
	177W. Price Ave S	outh Salt Lal	e, UT 84115				
	Covered Person's Coun						
В.	Systems of Care R	egional Advi	ory Council				
	Outside institution, enti	ty, private busir	ess or person in which the C	overed Person has a personal or bus	iness interest for which disclosure		
	is required in the above	section					
	Committee membe						
	Covered person's status	, relationship or	commitment to the institution	on, entity, business or person named	above		
			, UT 84123, 385-414-1				
	Address and phone num	ber of the instit	tion, entity, business or per-	son named above			
C.	Select the category tha	t applies to you	self and the outside institution	on, entity, business or person identifi	ied in subsection (B) above:		
	I receive or have a	greed to receive	compensation for assisting a	person or business entity in a transa	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.						
			cial interest that creates a pe es a potential or actual conf	otential or actual conflict with my pulict with my public duties.	iblic duties.		
D.	Give a detailed descrip	tion of the actua	or potential conflicts of inte	rest identified above, i.e., the nature	of the relationship of each busines		
	entity or person with the	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 de	eclare under criminal pen	alty under the l	w of Utah that the foregoing	; is true and correct.			
Sig	ned on the 08 day	y of <u>01</u> Month	, <u>2021</u> , Year				
٠. ا	Salt Lake City, Utah						
	City or other location, a	nd state or cour	dy				
Ma	andy Susaeta						
Pri	nted Name						
M	andy Susaeta	Digitally signed Date: 2021.01	by Mandy Susaeta 08 11:42:34 -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.) Covered Person's County Address/Volunteer's Address Outside institution, entity, private business or person in which the Covered Person has a personal or business interest for which disclosure is required in the above section Covered person's status, relationship or commitment to the institution, entity, business or person named above Address and phone number of the institution, entity, business or person named above Select the category that applies to yourself and the outside institution, entity, business or person identified in subsection (B) above: I receive or have agreed to receive compensation for assisting a person or business entity in a transaction involving Salt Lake County. I am an officer, director, agent, employee or the owner of a substantial interest in a business entity that is subject to the regulation of Salt Lake County. I am an officer, director, agent, employee or owner of a substantial interest in a business entity that does or auticipates 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 Care through Open Arms I declare under criminal penalty under the law of Utah that the foregoing is true and correct. Printed Name Signature