SALT LAKE COUNTY CLERK
ELECTION DIVISION

01/14/2026

ANNUAL CONFLICT OF INTEREST DISCLOSURE

Utah Code § 17-70-304

Name
Dorothy Adams

Each of my current employers and my employers during the preceding year:

Name of Employer	Address of Employer	My Occupation and/or Job Title	Description of the Employment
Dorothy Adams	2001 south state Salt lake City, Utah	Executive Director	Director of Salt Lake County Health Department

---

Each entity in which I am an owner or officer, or was an owner or officer during the preceding year:

Name of the Entity	My Position in the Entity	Description of the Type of Business or Activity Conducted by the Entity
N/A	N/A	N/A

Each individual from whom, or entity from which, I have received $5,000 or more in income during the preceding year (if I provide goods or services to multiple customers or clients as part of a business or a licensed profession, I am only required to provide this information as it relates to the entity or practice through which I provide the goods or services, and am not required to provide this information as it relates to my individual customers or clients):

Name of the Individual or Entity
N/A

Description of the Type of Business or Activity Conducted by the Individual or Entity

N/A

Each entity in which I hold any stocks or bonds having a fair market value of $5,000 or more as of the date of this disclosure form or during the preceding year, but excluding funds that are managed by a third party, including blind trusts, managed investment accounts, and mutual funds:

Name of the Entity	Description of the Type of Business or Activity Conducted by the Entity
N/A	N/A

Each entity not listed above in which I currently serve, or served in the preceding year, in a paid leadership capacity or in a paid or unpaid position on a board of directors:

Name of the Entity or Organization	Type of Position I Hold/Held	Description of the Type of Business or Activity Conducted by the Entity
N/A	N/A	N/A

Real property in which I hold an ownership or other financial interest that I believe may constitute a conflict of interest (optional):

Description of Real Property	Description of the Type of Interest Held in the Property
n/a	n/a

Name of my spouse:

Full Name of Spouse
Bart Adams

Each of my spouse's current employers and employers during the preceding year:

Name of Employer
self employed

Name of and brief description of the employment and occupation of each adult who:
a) resides in my household; and
b) is not related to me by blood or marriage:

Description of any other matter or interest that I believe may constitute a conflict of interest (optional):

n/a

ATTESTATION

I believe that this form is true and accurate to the best of my knowledge.

Signature

Date
January 14, 2026