



ANNUAL CONFLICT OF INTEREST DISCLOSURE

Utah Code § 17-70-304

Name

Robert Sampson

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
Salt Lake County	2001 S State Salt Lake City, Utah	Associate Director, Community Services	Administration

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	Description of the Type of Business or Activity Conducted by the Individual or Entity
N/A	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):

Name of my spouse:

Full Name of Spouse

Nancy Gregovich

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

Name of Employer	Address of Employer
Intermountain Health	36 South State St Salt Lake City, Utah

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):

ATTESTATION

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

Signature

A handwritten signature in black ink, appearing to be the initials 'RS' with a stylized flourish.

Date

January 14, 2026