



SALT LAKE COUNTY CLERK

ELECTION DIVISION

01/02/2026

ANNUAL CONFLICT OF INTEREST DISCLOSURE

Utah Code § 17-70-304

Name

Shawn Robinson

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
Utah Attorney General's Office	160 East 300 South Salt Lake City, Utah	Assistant Attorney General	Mortgage and Financial Fraud Prosecutor

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
THRIVE	Board Chair through 12/31/2025. This was an unpaid position.	THRIVE provides survivors of torture with services, including advocacy, psychotherapy, psychiatric care, medical case management, and core case management.

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

NA

Name of my spouse:

Full Name of Spouse

Erica Livingston

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

Name of Employer	Address of Employer
Self employed hair stylist and eyelash extension provider	3949 Wasatch Boulevard 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:

Full Name of 1st Adult Residing in Your Household

NA

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

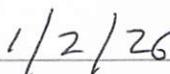
NA

ATTESTATION

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



Signature



Date