SALT LAKE COUNTY CLERK
ELECTION DIVISION

01/26/2026

ANNUAL CONFLICT OF INTEREST DISCLOSURE

Utah Code § 17-70-304

Name
Lisa Ashman

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 District Attorney	35 E 500 S Salt Lake City, Utah	Chief of Administrative Operations	Management and oversight of administrative operations for the Salt Lake County District Attorney

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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
Salt Lake County Technology Advisory Board	Voting Board Member representing DA	The purpose of the TAB is to work collaboratively with County elected offices, departments and agencies to establish policies, standards, organizational structures and processes that ensure the effective and efficient use of information technology resources to maximize operational efficiency and enable each elected office, department and agency to achieve its information technology goals in the best interests of all County stakeholders.

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
NONE

Name of my spouse:

Full Name of Spouse
Craig Pater

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

Name of Employer	Address of Employer
PTC, Inc.	121 Seaport Blvd Boston, MA

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	Description of Employment or Occupation
Craig Pater	Senior Technology Fellow

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

Date
January 26, 2026