

JENNIFER WILSON

SALT LAKE COUNTY MAYOR

## KELLY COLOPY

SALT LAKE COUNTY HUMAN SERVICES DEPARTMENT DIRECTOR

# KELE GRIFFONE

**DIVISION DIRECTOR** 

#### JESSICA THAYER

ASSOCIATE DIRECTOR

#### **M**ADISEN **D**RURY

ASSOCIATE DIRECTOR

February 7, 2024

## To Whom it May Concern:

We are submitting the following Conflict of Interest Disclosure Statements for the Criminal Justice Services Division.

- Autumn Donivan, Dustin Godnick
- Adrian Martinez, Modern Day Hot Rods
- Alisha Salinas, Odyssey House
- Alisha Salinas, ARS
- Ashlei Fraser, Center for Family Evaluation and Treatment
- Becki Beecher, SLCO Elections
- Dwayne Lee, East High School
- David Nicoll, Taylorsville Fast-Pitch Softball League
- Erik Holdaway, Valley Behavioral Health
- Gene Tabish, Discovery Cove Subdivision Homeowners Association
- Heidi Marks, Clinical Consultants
- Jeff Monson, Oquirrh Recreation Parks District and Kearns Improvement District
- Jonathan Stout, Pioneer Roofing Co
- Jeff Wade, Changes Counseling
- Kele Griffone, America Probation and Parole Association
- Kele Griffone, Criminal Justice Advisory Council
- Kele Griffone, Grigio Equipment, LLC
- Kele Griffone, Italian Fields, LLC
- Kele Griffone, Legacy Plus 13, LLC
- Kathrina Tuiono, Valley Behavioral
- Kenia Cluff, Salt Lake Community College
- Kellie Madsen, KM Coaching
- Lilian Lopez, Suncrest Counseling
- Lisa Morelock, Fit to Recover
- Lisa Morelock, Purple Sky Counseling
- Madisen Drury, USA Water Polo & Utah Water Polo
- Daniel Gattle, Murray School District
- Paul Kunz, Treasury Auctions
- Robert Duncombe, Buffalo Barbers
- Saimoa Amosa, Walmart
- Saimoa Amosa, Utah Case Management
- Salina Kauvaka, Meadowbrook Counseling
- Tara Bennion, Volunteers of America

SALT LAKE COUNTY
CRIMINAL JUSTICE SERVICES
2001 SOUTH STATE STREET,
STE. S3-650
SALT LAKE CITY, UT 84190
PHONE (385) 468-3500
FAX (385) 468-3522
TTY: 7-1-1

**Division Director** 

(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*.)

| Δ           | Autumn Donivan Criminal Justice Services   | 385-468-3519                            |
|-------------|--|---|
| / <b>1.</b> | Covered Person Position, or County Division for which you are employed or volunteering   | County/Volunteer's Phone                |
|             | 2001 South State Street, Suite S3-650 Salt Lake City, UT 84190   |   |
|             | Covered Person's County Address/Volunteer's Address  |   |
| В.          | Dustin Godnick   |   |
| ъ.          | Outside institution, entity, private business or person in which the Covered Person has a personal or business required in the above section   | iness interest for which disclosure     |
|             | Care Giver   |   |
|             | Covered person's status, relationship or commitment to the institution, entity, business or person named   | above                                   |
|             | 1970 West Farm Ridge Road Taylorsville Utah 84129  |   |
|             | 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 identifi  | ied in subsection (B) above:            |
|             | I receive or have agreed to receive compensation for assisting a person or business entity in a transa   |   |
|             | I am an officer, director, agent, employee or the owner of a substantial interest in a business entity Lake County.  | -                                       |
|             | I am an officer, director, agent, employee or owner of a substantial interest in a business entity that Salt Lake County.  | does or anticipates doing business with |
|             | I hold an investment or other financial interest that creates a potential or actual conflict with my pullic land a personal interest that creates a potential or actual conflict with my public duties.  | ublic duties.                           |
|             | None of the above categories apply.  |   |
| D.          | Give a detailed description of the actual or potential conflicts of interest identified above, i.e., the nature entity or person with the County. Use more sheets if necessary. ( <i>This disclosure statement will not be a is completed.</i> ) |   |
|             | I am a caregiver and this does not pose any conflict with my duties with Salt Lake County.   |   |
|             |  |   |
|             |  |   |
|             |  |   |
|             |  |   |
|             |  |   |
|             |  |   |
|             |  |   |
| I d         | declare under criminal penalty under the law of Utah that the foregoing is true and correct.   |   |
| Si          | gned on the $\frac{22\text{nd}}{\text{Date}}$ day of $\frac{\text{January}}{\text{Month}}$ , $\frac{2024}{\text{Year}}$ ,  |   |
|             | Salt Lake County, Utah   |   |
| at .        | City or other location, and state or county  |   |
|             | utumn Donivan  |   |
|             | inted Name   |   |
| A           | Lutumn Donivan Digitally signed by Autumn Donivan Date: 2024.01.22 13:03:15 -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. 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. Adrian Martinez Criminal Justice Services  | 385-468-3500                        |
|---|-------------------------------------|
| Covered Person Position, or County Division for which you are employed or volunteering 2001 S State Street, Suite S3-650, SLC, Utah 84190   | County/Volunteer's Phone            |
| Covered Person's County Address/Volunteer's Address   | _                                   |
| Private Business - Modern Day Hot Rods, LLC   |                                     |
| Outside institution, entity, private business or person in which the Covered Person has a personal or business is required in the above section   | iness interest for which disclosure |
| Owner   |                                     |
| Covered person's status, relationship or commitment to the institution, entity, business or person named  | above                               |
| No physical address. Online clothing store.   |                                     |
| 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 identification.  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  |                                     |
| Lake County.  I am an officer, director, agent, employee or owner of a substantial interest in a business entity that a Salt Lake County.   |                                     |
| I hold an investment or other financial interest that creates a potential or actual conflict with my pullic like I hold a personal interest that creates a potential or actual conflict with my public duties.                                      | ublic duties.                       |
| None of the above categories apply.   |                                     |
| D. Give a detailed description of the actual or potential conflicts of interest identified above, i.e., the nature entity or person with the County. Use more sheets if necessary. ( <i>This disclosure statement will not be a is completed.</i> ) |                                     |
| No conflict. Online clothing store with automotive themed apparel. Transactions are online an employment at Salt Lake County.   | d do not conflict with my           |
| I declare under criminal penalty under the law of Utah that the foregoing is true and correct.  |                                     |
|   |                                     |
| Signed on the $\frac{22}{\text{Date}}$ day of $\frac{\text{January}}{\text{Month}}$ , $\frac{2024}{\text{Year}}$ ,  |                                     |
| Salt Lake County  |                                     |
| City or other location, and state or county   |                                     |
| Adrian Martinez   |                                     |
| Printed Name  |                                     |
| Adrian B. Martinez Digitally signed by Adrian B. Martinez Date: 2024.01.22 13:56:21-07'00'  |                                     |

Signature

(Use one form for each outside business entity or person you are associated with for which disclosure is required in the above section. 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. Alisha Salinas LCSW  | 3854683514  |  |  |  |  |
|---|---|--|--|--|--|
| Covered Person Position, or County Division for which you are employ  | yed or volunteering County/Volunteer's Phone  |  |  |  |  |
| 2001 S State Street, Suite S3-650 Salt Lake City, UT 8  | 4190  |  |  |  |  |
| Covered Person's County Address/Volunteer's Address   |   |  |  |  |  |
| <sub>B.</sub> Odyssey House   |   |  |  |  |  |
| Outside institution, entity, private business or person in which the Covered Person is required in the above section  | n has a personal or business interest for which disclosure  |  |  |  |  |
| part time clinician for assessments   |   |  |  |  |  |
| Covered person's status, relationship or commitment to the institution, entity, bus   | siness or person named above  |  |  |  |  |
| 3148 S 1100 W, Salt Lake City, UT 84119   |   |  |  |  |  |
| Address and phone number of the institution, entity, business or person named ab  | oove  |  |  |  |  |
| C. Select the category that applies to yourself and the outside institution, entity, bus  | siness or person identified in subsection (B) above:  |  |  |  |  |
| I receive or have agreed to receive compensation for assisting a person or bu   |   |  |  |  |  |
| I am an officer, director, agent, employee or the owner of a substantial inter  |   |  |  |  |  |
| Lake County.  | ·   |  |  |  |  |
| I am an officer, director, agent, employee or owner of a substantial interest in Salt Lake County.  | n a business entity that does or anticipates doing business w   |  |  |  |  |
|   | 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 p  | 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. ( <i>This disclosure statement will not be accepted as valid unless this section is completed.</i> ) |   |  |  |  |  |
| I work for CATS program PRN, conducting initial assessments. I do not dany program at CJS.  | do assessments for anyone who is supervised by  |  |  |  |  |
| I declare under criminal penalty under the law of Utah that the foregoing is true and c   | correct.  |  |  |  |  |
| Signed on the $\frac{23}{\text{Date}}$ day of $\frac{\text{January}}{\text{Month}}$ , $\frac{2024}{\text{Year}}$ ,  |   |  |  |  |  |
| SLCO  |   |  |  |  |  |
| City or other location, and state or county   |   |  |  |  |  |
| Alisha Salinas  |   |  |  |  |  |
| Printed Name  |   |  |  |  |  |
| Alisha L. Salinas Digitally signed by Alisha L. Salinas Date: 2024.01.23 09:40:28 -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. 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*.)

| <sub>A</sub> Alisha Salinas LCSW   | 3854683514   |
|--|--|
| Covered Person Position, or County Division for wh   | ich you are employed or volunteering County/Volunteer's Phone  |
| 2001 S State Street, Suite S3-650 Salt La  | ce City, UT 84190  |
| Covered Person's County Address/Volunteer's Address  |  |
| B. ARS   |  |
|  | the Covered Person has a personal or business interest for which disclosure  |
| Part time  |  |
| Covered person's status, relationship or commitment to the in:   | titution, entity, business or person named above   |
| 450 S 900 E SLC 8015872770   |  |
| Address and phone number of the institution, entity, business  | or person named above  |
| C. Select the category that applies to yourself and the outside in   | titution, entity, business or person identified in subsection (B) above:   |
|  | ting a person or business entity in a transaction involving Salt Lake County.  |
|  | f 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 s<br>Salt Lake County.                                    | ubstantial interest in a business entity that does or anticipates doing business with  |
| I hold an investment or other financial interest that creat  | es 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.  |  |
|  | of interest identified above, i.e., the nature of the relationship of each business by. (This disclosure statement will not be accepted as valid unless this section |
| I work part time at ARS completing assessments. I do   | ot complete assessments for any CJS clients  |
| , p  | ,  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| I declare under criminal penalty under the law of Utah that the for  | egoing is true and correct.  |
|  |  |
| Signed on the $\frac{23}{\text{Date}}$ day of $\frac{\text{January}}{\text{Month}}$ , $\frac{2024}{\text{Year}}$ , |  |
| SLCO   |  |
| City or other location, and state or county  |  |
|  |  |
| Alisha Salinas   |  |
| Printed Name Alisha L. Salinas Digitally signed by Alisha L. Salinas Date: 2024.01.23 09:43:48 -07'00'             |  |
| Alistia L. Jaillias Date: 2024.01.23 09:43:48 -07'00'  |  |

Signature

Signature

(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*.)

|  | 1 0 0   |                    |                   |  |                                      |
|--|---|--------------------|-------------------|--|--------------------------------------|
| A.   | Ashlei Fraser   | Clinical C         | ase Mana          | ger, Criminal Justice Services   | 385-468-3491                         |
|  | Covered Person  | Position, or Co    | ounty Division    | for which you are employed or volunteering   | County/Volunteer's Phone             |
|  | 2001 South State  | Street, Su         | ite S3 650        | )  |                                      |
|  | Covered Person's County                                 | Address/Volur      | teer's Address    |  |                                      |
| В.   | Center for Family                                       | / Evaluatio        | n and Trea        | atment   |                                      |
|  | Outside institution, entity is required in the above so |                    | ss or person in   | which the Covered Person has a personal or busi  | ness interest for which disclosure   |
|  | Employee  |                    |                   |  |                                      |
|  | Covered person's status,                                | relationship or c  | ommitment to      | the institution, entity, business or person named  | above                                |
|  | 5691 S. Redwoo  | d Rd UNIT          | 16, Taylor        | rsville, UT 84123, 801-265-3895  |                                      |
|  | Address and phone numb                                  | er of the institut | ion, entity, bus  | siness or person named above   |                                      |
| J.   | Select the category that                                | applies to yours   | elf and the outs  | side institution, entity, business or person identifi  | ied in subsection (B) above:         |
|  |   |                    |                   | or assisting a person or business entity in a transac  |                                      |
|  |   |                    | -                 | wner of a substantial interest in a business entity  |                                      |
|  | Lake County.  |                    | -                 | •  |                                      |
|  | I am an officer, dire Salt Lake County.                 | ctor, agent, emp   | loyee or owner    | r of a substantial interest in a business entity that of   | does or anticipates doing business w |
|  | I hold an investmen                                     |                    |                   | t creates a potential or actual conflict with my pu  | iblic duties.                        |
|  | I hold a personal in                                    | terest that create | es a potential or | r actual conflict with my public duties.   |                                      |
|  | None of the above of                                    | categories apply   |                   |  |                                      |
| D. Give a detailed description of the actual or potential conflicts of interest identified above entity or person with the County. Use more sheets if necessary. ( <i>This disclosure staten is completed.</i> ) |   |                    |                   |  |                                      |
|  | As an employee of Ce<br>Health.                         | enter for Famil    | y Evaluation a    | and Treatment we are subject to regulation o   | of Salt Lake County Behavioral       |
|  |   |                    |                   | the potential to receive a referral for domesti<br>s, or a self-referral for someone being super   |                                      |
|  | for an individual being                                 | supervised by      | , Criminal Jus    | and Treatment it is understood that I persona<br>stice Services. I only provide treatment for in-<br>referrals who are not on community supervis | dividuals being solely               |
| de   | clare under criminal pena                               | lty under the law  | v of Utah that t  | the foregoing is true and correct.   |                                      |
| Sio  | ned on the 22 day                                       | of Month           | 2024              |  |                                      |
| 6  | Date  | Month              | 'Year '           |  |                                      |
|  |   |                    |                   |  |                                      |
| , (  | Salt Lake City, Utah                                    |                    |                   |  |                                      |
| ıt _   | Salt Lake City, Utah<br>City or other location, and     | d state or count   | y                 | _  |                                      |
| at _   | <u> </u>  | d state or count   | y                 | _  |                                      |

(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. Becki Beecher                       | Criminal Justice Se   | rvices   | 385-468-3436                            |  |  |
|--|---|--|---|--|--|
| Covered Person                         | Position, or County Division  | for which you are employed or volunteering               | County/Volunteer's Phone                |  |  |
| 2001 S. State S                        | t - S3-650, SLC, UT 8   | 4190   |   |  |  |
| Covered Person's Count                 | ty Address/Volunteer's Address  |  | _                                       |  |  |
| B. Salt Lake Count                     | у   |  |   |  |  |
|  |   | which the Covered Person has a personal or busi          | ness interest for which disclosure      |  |  |
| Volunteer                              |   |  |   |  |  |
| Covered person's status                | , relationship or commitment to   | the institution, entity, business or person named        | above                                   |  |  |
| 2001 S. State S                        | t, SLC, UT 84190  |  |   |  |  |
| Address and phone num                  | ber of the institution, entity, bus   | siness or person named above                             |   |  |  |
| C. Select the category that            | t applies to yourself and the outs  | side institution, entity, business or person identifi    | ed in subsection (B) above:             |  |  |
|  |   | or assisting a person or business entity in a transac    |   |  |  |
|  | -   | wner of a substantial interest in a business entity      | -                                       |  |  |
| Lake County.                           |   |  |   |  |  |
| I am an officer, din Salt Lake County. |   | r of a substantial interest in a business entity that of | does or anticipates doing business with |  |  |
| I hold an investme                     | I hold an investment or other financial interest that creates a potential or actual conflict with my public duties.   |  |   |  |  |
|  |   | r 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. ( <i>This disclosure statement will not be accepted as valid unless this section is completed.</i> ) |  |   |  |  |
|  | nteering with the 2024 Prima  | ry and General Election with Salt Lake Coun              | ity in the capacity as a                |  |  |
| election worker.                       |   |  |   |  |  |
|  |   |  |   |  |  |
|  |   |  |   |  |  |
|  |   |  |   |  |  |
|  |   |  |   |  |  |
|  |   |  |   |  |  |
|  |   |  |   |  |  |
| I declare under criminal pen           | nalty under the law of Utah that  | the foregoing is true and correct.                       |   |  |  |
| Signed on the 26 day                   | $y \text{ of } \frac{\text{January}}{\text{Month}}, \frac{2024}{\text{Year}},$  |  |   |  |  |
| Date                                   | Month , Year  |  |   |  |  |
| Salt Lake County, Utah                 | 1   |  |   |  |  |
| City or other location, an             | nd state or county  |  |   |  |  |
| Becki Beecher                          |   |  |   |  |  |
| Printed Name                           |   | _  |   |  |  |
| Becki Beeche                           | Digitally signed by Becki Beechel<br>Date: 2024.01.26 17:06:49 -07'00   | r<br>)'  |   |  |  |

Signature

(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. Dwyane Lee  |   | 385-468-8661                            |  |  |
|--|---|---|--|--|
|  | sion for which you are employed or volunteering   | County/Volunteer's Phone                |  |  |
| 3415 S 900 W SLC, UT 84115   |   |   |  |  |
| Covered Person's County Address/Volunteer's Add                                      | Iress   | _                                       |  |  |
| <sub>B.</sub> East High School   |   |   |  |  |
|  | n in which the Covered Person has a personal or bus   | iness interest for which disclosure     |  |  |
| East High School girls basketball a  | ssistant coach  |   |  |  |
| Covered person's status, relationship or commitment                                  | nt to the institution, entity, business or person named   | above                                   |  |  |
| 840 S 1300 E SLC, UT 84102   |   |   |  |  |
| 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 identif   | ied in subsection (B) above:            |  |  |
| _  | on for assisting a person or business entity in a transa  |   |  |  |
|  | he owner of a substantial interest in a business entity   |   |  |  |
| Lake County.   |   | 1 21 4 1 1 1 1 1                        |  |  |
| Salt Lake County.  | wner of a substantial interest in a business entity that  | does or anticipates doing business with |  |  |
|  | t that creates a potential or actual conflict with my pu  | ublic duties.                           |  |  |
| I hold a personal interest that creates a potent                                     | al or actual conflict with my public duties.  |   |  |  |
| None of the above categories apply.  |   |   |  |  |
| entity or person with the County. Use more sheets                                    | 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. ( <i>This disclosure statement will not be accepted as valid unless this section</i> |   |  |  |
| is completed.)   | and that does not conflict with my county ich   |   |  |  |
| I am a girls basketball coach at East High sch                                       | ioor that does not conflict with my county job.   |   |  |  |
|  |   |   |  |  |
|  |   |   |  |  |
|  |   |   |  |  |
|  |   |   |  |  |
|  |   |   |  |  |
|  |   |   |  |  |
| I declare under criminal penalty under the law of Utah                               | that the foregoing is true and correct.   |   |  |  |
| î î  |   |   |  |  |
| Signed on the $\frac{24}{Date}$ day of $\frac{January}{Month}$ , $\frac{2023}{Year}$ | _,  |   |  |  |
| Salt Lake County Jail  |   |   |  |  |
| City or other location, and state or county  |   |   |  |  |
| Dwayne Lee   |   |   |  |  |
| Printed Name   |   |   |  |  |
| Dwayne Lee Digitally signed by Dwayne Date: 2023.01.24 11:29:28                      |   |   |  |  |

Signature

(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.   | David Nicoll   | Criminal Justice Service   | es es   | 385-468-3452                              |
|------|--|--|---|---|
| 1 1. | Covered Person                                       | Position, or County Division for wh  | nich you are employed or volunteering   | County/Volunteer's Phone                  |
|      | 2001 South State                                     | e Street, Suite S3-650 Sa  | alt Lake City, UT 84190   |   |
|      | Covered Person's Coun                                | ty Address/Volunteer's Address   |   |   |
| В.   | Taylorsville Fas                                     | t-Pitch Softball League  |   |   |
| Б.   | Outside institution, entire is required in the above |  | the Covered Person has a personal or bus  | iness interest for which disclosure       |
|      | <b>Board Member</b>                                  |  |   |   |
|      | Covered person's status                              | , relationship or commitment to the in   | stitution, entity, business or person named   | labove                                    |
|      | P.O. Box 18556                                       | Kearns, Utah 84118   |   |   |
|      | Address and phone num                                | ber of the institution, entity, business   | or person named above   |   |
| C.   | Select the category tha                              | t applies to yourself and the outside in   | stitution, entity, business or person identif   | fied in subsection (B) above:             |
|      | _  | **   | sting a person or business entity in a transa   |   |
|      | I am an officer, di<br>Lake County.                  | rector, agent, employee or the owner of  | f a substantial interest in a business entity   | that is subject to the regulation of Salt |
|      |  | rector, agent, employee or owner of a s  | ubstantial interest in a business entity that   | does or anticipates doing business with   |
|      | I hold an investme                                   | ent or other financial interest that creat<br>interest that creates a potential or actua | es a potential or actual conflict with my p<br>l conflict with my public duties.          | ublic duties.                             |
|      | None of the above                                    | •  | 3 1   |   |
| D.   |  |  | of interest identified above, i.e., the nature ry. (This disclosure statement will not be |   |
|      |  | ents fields for games from Salt Lak  | te County Parks and Rec.  |   |
|      |  |  |   |   |
|      |  |  |   |   |
|      |  |  |   |   |
|      |  |  |   |   |
|      |  |  |   |   |
|      |  |  |   |   |
|      |  |  |   |   |
| Ιd   | eclare under criminal per                            | alty under the law of Utah that the for  | egoing is true and correct.   |   |
| Si   | gned on the 23 da                                    | y of, 2024 ,   |   |   |
| ~1,  | Date   | Month , Year,  |   |   |
| at . | Taylorsville, Utah                                   |  |   |   |
|      | City or other location, a                            | nd state or county   |   |   |
| Da   | avid Nicoll  |  |   |   |
|      | nted Name  |  |   |   |
| D    | ave Nicoll   | Digitally signed by Dave Nicoll Date: 2024.01.23 13:12:17 -07'00'                        |   |   |
|      | gnature  |  |   |   |

(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. Erik Holdaway **Criminal Justice Services** 385-414-0709 Position, or County Division for which you are employed or volunteering Covered Person County/Volunteer's Phone Salt Lake County Government Center 2001 South State St South Bldg 3rd Floor Covered Person's County Address/Volunteer's Address Valley Behavioral Health 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 Part-Time Weekend Graveyard Staff at CORE Covered person's status, relationship or commitment to the institution, entity, business or person named above 443 S 600 E Salt Lake City, UT 84102 / 888-949-4864 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. None of the above categories 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 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.) My duties with the County do not include making referrals to outside agencies and my interactions with the client at CORE are of an extremely limited nature (room checks to see if they are in bed, dealing with very rare crisis situations, etc.) I declare under criminal penalty under the law of Utah that the foregoing is true and correct. Year Salt Lake City, UT City or other location, and state or county John Erik Holdaway Printed Name Digitally signed by Erik Holdaway Erik Holdaway

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.

Date: 2024.01.25 12:15:04 -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. 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.                 | Gene A Tabish Probation Case Manager, Criminal Justice Services   | 385-468-3529                               |  |  |  |
|--------------------|---|--|--|--|--|
| <i>1</i> <b>1.</b> | Covered Person Position, or County Division for which you are employed or volunteering  | County/Volunteer's Phone                   |  |  |  |
|                    | 2001 South State, Suite S3-650, Salt Lake City, Utah 84190  |  |  |  |  |
|                    | Covered Person's County Address/Volunteer's Address   |  |  |  |  |
| В.                 | Discovery Cove Subdivision Homeowners Association   |  |  |  |  |
|                    | Outside institution, entity, private business or person in which the Covered Person has a personal or business required in the above section  | usiness interest for which disclosure      |  |  |  |
|                    | Homeowner board member.   |  |  |  |  |
|                    | Covered person's status, relationship or commitment to the institution, entity, business or person name   | ed above                                   |  |  |  |
|                    | P.O. Box 571885, Salt Lake City, Utah, 84157  |  |  |  |  |
|                    | 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 identification.  | tified in subsection (B) above:            |  |  |  |
|                    | I receive or have agreed to receive compensation for assisting a person or business entity in a tran  |  |  |  |  |
|                    | I am an officer, director, agent, employee or the owner of a substantial interest in a business enti  | -  |  |  |  |
|                    | Lake County.  I am an officer, director, agent, employee or owner of a substantial interest in a business entity the Salt Lake County.  | at does or anticipates doing business with |  |  |  |
|                    | I hold an investment or other financial interest that creates a potential or actual conflict with my I hold a personal interest that creates a potential or actual conflict with my public duties.  | public duties.                             |  |  |  |
|                    | None of the above categories 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 business entity or person with the County. Use more sheets if necessary. ( <i>This disclosure statement will not be accepted as valid unless this section is completed.</i> ) |  |  |  |  |
|                    | Currently I serve as president of a 3-member board of directors of Discovery Cove subdivis Community Management to serve the common needs/obligations of the Discovery Cove su  |  |  |  |  |
| I d                | leclare under criminal penalty under the law of Utah that the foregoing is true and correct.  |  |  |  |  |
|                    |   |  |  |  |  |
| SIE                | gned on the $\frac{22\text{nd}}{\text{Date}}$ day of $\frac{\text{January}}{\text{Month}}$ , $\frac{2024}{\text{Year}}$ ,   |  |  |  |  |
| ,                  | Salt Lake County, Utah  |  |  |  |  |
| at _               | City or other location, and state or county   |  |  |  |  |
| Ge                 | ene A Tabish  |  |  |  |  |
| Pri                | inted Name  |  |  |  |  |
| G                  | Gene Tabish  Date: 2024.01.22 13:46:27 -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. 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*.)

| 1 3 37                                    |   |  | , |  |  |
|---|---|--|---|--|--|
| <u>Heidi Marks</u>                        |   | riminal Justice Services   | 385-468-4323                            |  |  |
|   | •   | or which you are employed or volunteering  | County/Volunteer's Phone                |  |  |
| 2001 S State Stre                         | et, Suite S3-650 Sal  | t Lake City, UT 84190  |   |  |  |
| Covered Person's County                   | Address/Volunteer's Address   |  |   |  |  |
| Clinical Consultar                        | nts   |  |   |  |  |
|   |   | which the Covered Person has a personal or bus   | iness interest for which disclosure     |  |  |
| Employed as a Si                          | ubstance Abuse Cou  | nselor   |   |  |  |
| Covered person's status, re               | elationship or commitment to t  | he institution, entity, business or person named   | above                                   |  |  |
| 7601 S. Redwood                           | d Rd, West Jordan, U  | T 84088, 801-233-8670  |   |  |  |
| Address and phone number                  | er of the institution, entity, busi   | ness or person named above   |   |  |  |
| Select the category that a                | applies to yourself and the outsi   | de institution, entity, business or person identif   | ied in subsection (B) above:            |  |  |
|   |   | r assisting a person or business entity in a transa  |   |  |  |
|   | -   | oner of a substantial interest in a business entity  | -                                       |  |  |
| Lake County.                              |   | •  |   |  |  |
| I am an officer, direct Salt Lake County. | ctor, agent, employee or owner  | of a substantial interest in a business entity that  | does or anticipates doing business w    |  |  |
|   | t or other financial interest that  | creates a potential or actual conflict with my pu  | ublic duties.                           |  |  |
| I hold a personal into                    | I hold a personal interest that creates a potential or actual conflict with my public duties. |  |   |  |  |
| None of the above c                       | ategories apply.  |  |   |  |  |
|   |   | flicts of interest identified above, i.e., the nature cessary. (This disclosure statement will not be determined by the control of the contro |   |  |  |
| supervision with CJS                      | in attendance. However, I d   | reek at Clinical Consultants that potentially do not see a conflict with my position as See were to occur, I would speak to my Division  | ction Manager with Salt                 |  |  |
| declare under criminal penal              | lty under the law of Utah that th   | ne foregoing is true and correct.  |   |  |  |
| igned on the Date day of                  | of $\frac{\text{January}}{\text{Month}}$ , $\frac{2024}{\text{Year}}$ ,                       |  |   |  |  |
| Salt Lake City, Utah                      |   |  |   |  |  |
| City or other location, and               | state or county   | _  |   |  |  |
| leidi Kenney Marks                        |   |  |   |  |  |
| rinted Name                               |   | -  |   |  |  |
|   | Digitally signed by Heidi Kenney Marks Date: 2024.01.23 14:50:45 -07'00'                      |  |   |  |  |
|   | Date: 2024.01.23 14:50:45 -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. 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*.)

| L. Jeff Monson                        | HR Coordinator/Criminal Justice Services  | 385/468/3535                                  |  |  |  |
|---------------------------------------|---|---|--|--|--|
| Covered Person                        | Position, or County Division for which you are employed or volunteering   | County/Volunteer's Phone                      |  |  |  |
| 2001 South Sta                        | ate Street, Ste. S3-650 Salt Lake City Utah 84190   |   |  |  |  |
| Covered Person's Cou                  | unty Address/Volunteer's Address  |   |  |  |  |
| Oqurrih Recrea                        | ation and Parks District and Kearns Improvement Dis   | trict   |  |  |  |
|                                       | business interest for which disclosure  |   |  |  |  |
| Trustee                               |   |   |  |  |  |
| Covered person's state                | us, relationship or commitment to the institution, entity, business or person nar   | med above                                     |  |  |  |
| 5624 Cougar L                         | ane, Kearns Utah, 84118   |   |  |  |  |
| Address and phone nu                  | umber of the institution, entity, business or person named above  |   |  |  |  |
| . Select the category tl              | hat applies to yourself and the outside institution, entity, business or person ide   | entified in subsection (B) above:             |  |  |  |
| I receive or have                     | e agreed to receive compensation for assisting a person or business entity in a tra   | ansaction involving Salt Lake County.         |  |  |  |
| I am an officer,                      | director, agent, employee or the owner of a substantial interest in a business en   | ntity that is subject to the regulation of Sa |  |  |  |
|                                       | director, agent, employee or owner of a substantial interest in a business entity   | that does or anticipates doing business w     |  |  |  |
|                                       | ry.<br>ment or other financial interest that creates a potential or actual conflict with m<br>l interest that creates a potential or actual conflict with my public duties.   | ny public duties.                             |  |  |  |
|                                       | ve 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. ( <i>This disclosure statement will not be accepted as valid unless this section is completed.</i> ) |   |  |  |  |
| I am a member of                      | the Board of Trustees for the Oquirrh Recreation and Parks District alor<br>rh Recreation and Parks District may do business with Salt Lake Count   |   |  |  |  |
|                                       |   |   |  |  |  |
|                                       |   |   |  |  |  |
|                                       |   |   |  |  |  |
|                                       |   |   |  |  |  |
|                                       |   |   |  |  |  |
|                                       |   |   |  |  |  |
| declare under criminal p              | enalty under the law of Utah that the foregoing is true and correct.  |   |  |  |  |
| igned on the $\frac{22}{\text{Date}}$ | $\frac{\text{January}}{\text{Month}}, \frac{2024}{\text{Year}},$  |   |  |  |  |
| Salt Lake City, Utah                  |   |   |  |  |  |
| City or other location,               | and state or county   |   |  |  |  |
| eff Monson                            |   |   |  |  |  |
| rinted Name                           |   |   |  |  |  |
| leff Monson                           | Digitally signed by Jeff Monson Date: 2024.01.22 16:38:35 -07'00'   |   |  |  |  |
|                                       | Date. 2024.01.22 10.00.00 =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. 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,

| P Jonathan Stou CJS Probation  | 385.468.3466  |
|--|---|
| Covered Person Position, or County Division for which you are employed or 2001 S State St, Salt Lake City, UT 84190  | volunteering County/Volunteer's Phone               |
| Covered Person's County Address/Volunteer's Address  |   |
| B. Pioneer Roofing Co  |   |
| Outside institution, entity, private business or person in which the Covered Person has a is required in the above section   |   |
| son of owner. I do repairs and help my parents with translat   |   |
| Covered person's status, relationship or commitment to the institution, entity, business of 7041 S 2700 E, SLC 84121. 801-943-7663. John Stout   | 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 Lake County.  | , , ,   |
| I am an officer, director, agent, employee or owner of a substantial interest in a bus Salt Lake County.  I hold an investment or other financial interest that creates a potential or actual co               |   |
| I hold a personal interest that creates a potential or actual conflict with my public  |   |
| None of the above categories apply.  |   |
| D. Give a detailed description of the actual or potential conflicts of interest identified aboventity or person with the County. Use more sheets if necessary. ( <i>This disclosure states is completed.</i> ) |   |
| No conflict. We have never done county work as far as I know.  |   |
|  |   |
|  |   |
|  |   |
|  |   |
|  |   |
|  |   |
|  |   |
| I declare under criminal penalty under the law of Utah that the foregoing is true and correct.   |   |
| Signed on the $\frac{23\text{rd}}{\text{Date}}$ day of $\frac{\text{January}}{\text{Month}}$ , $\frac{2024}{\text{Year}}$ ,  |   |
| 2001 S State St, Salt Lake City, UT 84190  |   |
| City or other location, and state or county  |   |
| Paul Jonathan Stout  |   |
| Printed Name   |   |
| P Jonathan Stout   |   |
| Signature  |   |

(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. Jeff V          | Vade  | Treatment Sp   | oecialist /     | Criminal Justic          | ce Services             | 385-468-3525  |  |
|--------------------|---|--|-----------------|--------------------------|-------------------------|---|--|
| Covered            | l Person  | Position, or County                                      | Division for    | which you are employ     | ed or volunteering      | County/Volunteer's Phone  |  |
| 2001               | South State   | e Street, Suite  | S3-650 S        | alt Lake City, l         | JT 84190                |   |  |
| Covered            | l Person's County   | y Address/Volunteer'                                     | s Address       |                          |                         |   |  |
| <sub>B.</sub> Chan | iges Counse   | eling  |                 |                          |                         |   |  |
| Outside            | institution, entity<br>red in the above s   |  | person in whi   | ch the Covered Perso     | n has a personal or bu  | usiness interest for which disclosure   |  |
| Chan               | iges Counse   | eling  |                 |                          |                         |   |  |
| Covered            | l person's status,  | relationship or comm                                     | itment to the   | institution, entity, but | siness or person name   | ed above  |  |
| 8221               | S 700 E, S  | andy, UT 8407  | 0 / 801-5       | 42-7060                  |                         |   |  |
| Address            | and phone numb  | per of the institution,                                  | entity, busines | ss or person named ab    | oove                    |   |  |
| C. Select          | the category that   | applies to yourself ar                                   | nd the outside  | institution, entity, bu  | siness or person ident  | tified in subsection (B) above:   |  |
|                    |   |  |                 | •                        | -                       | saction involving Salt Lake County.   |  |
|                    | am an officer, dire   | •  |                 | 0 1                      | -                       | ty that is subject to the regulation of Sal                                     |  |
| X I a              |   | ector, agent, employe                                    | e or owner of   | a substantial interest i | n a business entity tha | at does or anticipates doing business wit                                       |  |
| I 1                | 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. |  |                 |                          |                         |   |  |
| □ N                | None of the above categories apply.   |  |                 |                          |                         |   |  |
| entity (           |   |  |                 |                          |                         | re of the relationship of each business e accepted as valid unless this section |  |
| I teac             | h groups at Cha   |  | also work w     | ith individuals doing    |                         | rith the Specialty Courts.<br>ling who are on Medicaid. These                   |  |
| I declare un       | der criminal pena   | alty under the law of                                    | Utah that the f | oregoing is true and o   | correct.                |   |  |
| Signed on t        | he 22   | January 2  | 2024            |                          |                         |   |  |
| Signed on t        | Date day  | of $\frac{\text{January}}{\text{Month}}$ , $\frac{1}{N}$ | ear,            |                          |                         |   |  |
| Herrima            | n, Utah   |  |                 |                          |                         |   |  |
| at<br>City or c    | other location, an  | d state or county  |                 |                          |                         |   |  |
| Jeff Wade          |   |  |                 |                          |                         |   |  |
| Printed Nan        | ne  |  |                 |                          |                         |   |  |
| <b>Jeffre</b>      | y Wade  | Digitally signed by Jet Date: 2024.01.22 14:             |                 |                          |                         |   |  |

Signature

(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. Kele Griffone                  | CJS Division Director  | 3854683425                                     |
|-----------------------------------|--|--|
| Covered Person                    | Position, or County Division for which you are employed or volunteering  | ng County/Volunteer's Phone                    |
| 2001 S. State S                   | treet Suite S3-650 SLC, UT 84190   |  |
| Covered Person's Count            | ty Address/Volunteer's Address   |  |
| American Proba                    | tion and Parole Association (APPA)   |  |
|                                   | y, private business or person in which the Covered Person has a personal c<br>section  | or business interest for which disclosure      |
| State Board Rep                   | presentative   |  |
| Covered person's status           | relationship or commitment to the institution, entity, business or person n  | named above                                    |
| 2001 S. State S                   | treet Suite S3-650 SLC, UT 84190   |  |
| Address and phone num             | ber of the institution, entity, business or person named above   |  |
| . Select the category tha         | t applies to yourself and the outside institution, entity, business or person in   | dentified in subsection (B) above:             |
| I receive or have a               | greed to receive compensation for assisting a person or business entity in a   | transaction involving Salt Lake County.        |
| I am an officer, die Lake County. | rector, agent, employee or the owner of a substantial interest in a business of  | entity that is subject to the regulation of Sa |
|                                   | rector, agent, employee or owner of a substantial interest in a business entity  | y that does or anticipates doing business w    |
| I hold an investme                | ent or other financial interest that creates a potential or actual conflict with interest that creates a potential or actual conflict with my public duties.             | my public duties.                              |
| None of the above                 |  |  |
|                                   | tion of the actual or potential conflicts of interest identified above, i.e., the rate County. Use more sheets if necessary. ( <i>This disclosure statement will not</i> |  |
|                                   | entative for APPA. To continued education, advocacy, and professionals. Support national trainings that include county employees atter                                   |  |
| declare under criminal per        | alty under the law of Utah that the foregoing is true and correct.   |  |
|                                   |  |  |
| igned on the Date day             | $y 	ext{ of } \frac{\text{January}}{\text{Month}}, \frac{2024}{\text{Year}},$  |  |
| Salt Lake City                    |  |  |
| City or other location, as        | nd state or county   |  |
| cele Griffone                     |  |  |
| rinted Name                       |  |  |
|                                   | Digitally signed by Kele Griffone  |  |

Signature

(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.                 | Kele Griffone  | CJS Division Directo  | r  | 3854683425                              |  |  |  |
|--------------------|--|---|--|---|--|--|--|
| <i>1</i> <b>1.</b> | Covered Person   | Position, or County Division for  | or which you are employed or volunteering  | County/Volunteer's Phone                |  |  |  |
|                    | 2001 S. State St   | treet Suite S3-650, SL  | C, UT 54190  |   |  |  |  |
|                    | Covered Person's Count   | y Address/Volunteer's Address   |  |   |  |  |  |
| В.                 | Criminal Justice   | Advisory Council  |  |   |  |  |  |
| Б.                 | Outside institution, entities required in the above                      |   | which the Covered Person has a personal or busing  | iness interest for which disclosure     |  |  |  |
|                    | Member   |   |  |   |  |  |  |
|                    | Covered person's status,   | relationship or commitment to the   | he institution, entity, business or person named   | above                                   |  |  |  |
|                    | Mayor's Office o   | f Criminal Justice Initia   | itives 2001 South State Street N   | 14-930 PO Box 144575                    |  |  |  |
|                    | Address and phone num  | ber of the institution, entity, busi  | ness or person named above   | _                                       |  |  |  |
| C.                 | I receive or have a  | greed to receive compensation for   | de institution, entity, business or person identifi<br>r assisting a person or business entity in a transa<br>ner of a substantial interest in a business entity | ction involving Salt Lake County.       |  |  |  |
|                    | Lake County.  I am an officer, dir Salt Lake County.  I hold an investme | ector, agent, employee or owner ent or other financial interest that interest that creates a potential or   | of a substantial interest in a business entity that creates a potential or actual conflict with my puactual conflict with my public duties.                      | does or anticipates doing business with |  |  |  |
| D.                 | Give a detailed descript   | 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 |  |   |  |  |  |
|                    | Member of Advisory   | Council.  |  |   |  |  |  |
|                    |  |   |  |   |  |  |  |
| I d                | eclare under criminal pen  | alty under the law of Utah that th  | e foregoing is true and correct.   |   |  |  |  |
| Si,                | rned on the day  | January 2024  |  |   |  |  |  |
| ΟIĘ                | Date Date  | $y 	ext{ of } \frac{\text{January}}{\text{Month}}, \frac{2024}{\text{Year}},$   |  |   |  |  |  |
|                    | Salt Lake City   |   |  |   |  |  |  |
| at .               | City or other location, ar   | nd state or county  | _  |   |  |  |  |
| Κe                 | le Griffone  |   |  |   |  |  |  |
| Pri                | nted Name  |   | -  |   |  |  |  |
| K                  | ele Griffone   | Digitally signed by Kele Griffone<br>Date: 2024.01.11 10:43:48 -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. 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*.)

| 2001 South State Street, Suite S3-650 Covered Person's County Address/Volunteer's Address                          | •   | County/Volunteer's Phone                 |  |  |  |  |
|--|---|--|--|--|--|--|
| Covered Person's County Address/Volunteer's Address  | •   |  |  |  |  |  |
|  | which the Covered Person has a personal or bus  |  |  |  |  |  |
| B. Grigio Equipment, LLC   | which the Covered Person has a personal or bus  |  |  |  |  |  |
| Outside institution, entity, private business or person in is required in the above section                        |   | siness interest for which disclosure     |  |  |  |  |
| Member   |   |  |  |  |  |  |
| Covered person's status, relationship or commitment to   | the institution, entity, business or person named   | l above                                  |  |  |  |  |
| Address and phone number of the institution, entity, bus   | iness or person named above   |  |  |  |  |  |
| C. Select the category that applies to yourself and the outs   | ide institution, entity, business or person identif   | fied in subsection (B) above:            |  |  |  |  |
| I receive or have agreed to receive compensation for   | or assisting a person or business entity in a transa  | action involving Salt Lake County.       |  |  |  |  |
| I am an officer, director, agent, employee or the ov<br>Lake County.   | vner of a substantial interest in a business entity   | that is subject to the regulation of Sal |  |  |  |  |
| I am an officer, director, agent, employee or owner Salt Lake County.  | ·   | -  |  |  |  |  |
| I hold an investment or other financial interest that I hold a personal interest that creates a potential or       |   | ublic duties.                            |  |  |  |  |
| None of the above categories apply.  |   |  |  |  |  |  |
|  | we a detailed description of the actual or potential conflicts of interest identified above, i.e., the nature of the relationship of each business ity or person with the County. Use more sheets if necessary. ( <i>This disclosure statement will not be accepted as valid unless this section completed.</i> ) |  |  |  |  |  |
| No conflict as no buisness is conducted with Salt  | Lake County.  |  |  |  |  |  |
|  |   |  |  |  |  |  |
|  |   |  |  |  |  |  |
|  |   |  |  |  |  |  |
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|  |   |  |  |  |  |  |
|  |   |  |  |  |  |  |
| I declare under criminal penalty under the law of Utah that t  | he foregoing is true and correct.   |  |  |  |  |  |
| Signed on the $\frac{23}{\text{Date}}$ day of $\frac{\text{January}}{\text{Month}}$ , $\frac{2024}{\text{Year}}$ , |   |  |  |  |  |  |
| Salt Lake County   |   |  |  |  |  |  |
| City or other location, and state or county  | _   |  |  |  |  |  |
| Kele Griffone  |   |  |  |  |  |  |
| Printed Name  Kele Griffone  Digitally signed by Kele Griffone Date: 2024.01.23 10:10:21 -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. 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.   | Kele Griffone   | Criminal Justice Serv  | rices Division Director   | 3854683425                                |  |  |  |
|------|---|--|---|---|--|--|--|
| Λ.   | Covered Person 2001 South Stat  |  | or which you are employed or volunteering Salt Lake City, UT 84190                      | County/Volunteer's Phone                  |  |  |  |
|      | Covered Person's Coun   | ty Address/Volunteer's Address   | •   |   |  |  |  |
| В.   | Italian Fields, LL  | .C   |   |   |  |  |  |
| ъ.   | Outside institution, entities is required in the above  |  | hich the Covered Person has a personal or busi  | iness interest for which disclosure       |  |  |  |
|      | Member  |  |   |   |  |  |  |
|      | Covered person's status   | , relationship or commitment to the  | ne institution, entity, business or person named  | above                                     |  |  |  |
|      | Address and phone num   | ber of the institution, entity, busin  | ness or person named above  |   |  |  |  |
| C.   | Select the category tha   | t applies to yourself and the outside  | le institution, 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 transaction                                  | ction involving Salt Lake County.         |  |  |  |
|      | I am an officer, di<br>Lake County.   | rector, agent, employee or the own   | ner of a substantial interest in a business entity                                      | that 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 wit Salt Lake County. |   |   |  |  |  |
|      |   |  | creates a potential or actual conflict with my punctual conflict with my public duties. | iblic duties.                             |  |  |  |
|      | None of the above   | e categories 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 business entity or person with the County. Use more sheets if necessary. ( <i>This disclosure statement will not be accepted as valid unless this section is completed.</i> ) |  |   |   |  |  |  |
|      | No conflict as no bui   | sness is conducted with Salt L   | ake County.   |   |  |  |  |
|      |   |  |   |   |  |  |  |
|      |   |  |   |   |  |  |  |
|      |   |  |   |   |  |  |  |
|      |   |  |   |   |  |  |  |
|      |   |  |   |   |  |  |  |
|      |   |  |   |   |  |  |  |
|      |   |  |   |   |  |  |  |
| I d  |   | nalty under the law of Utah that the   | e foregoing is true and correct.  |   |  |  |  |
| Sig  | gned on the $\frac{23}{\text{Date}}$ day  | $y \text{ of } \frac{\text{January}}{\text{Month}}, \frac{2024}{\text{Year}},$   |   |   |  |  |  |
| _4   | Salt Lake County  |  |   |   |  |  |  |
| at . | City or other location, a   | nd state or county   | -   |   |  |  |  |
| Κe   | ele Griffone  |  |   |   |  |  |  |
|      | nted Name   | f  |   |   |  |  |  |
| K    | ele Griffone  | Digitally signed by Kele Griffone<br>Date: 2024.01.23 10:09:47 -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. 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.          | Kele Griffone  | Criminal Justice Ser   | vices Division Director                              | 3854683425                                |  |  |  |
|-------------|--|--|--|---|--|--|--|
| 2 <b>1.</b> | Covered Person   | Position, or County Division   | for which you are employed or volunteering           | County/Volunteer's Phone                  |  |  |  |
|             | 2001 South State   | e Street, Suite S3-650   | Salt Lake City, UT 84190                             |   |  |  |  |
|             | Covered Person's County  | Address/Volunteer's Address  |  |   |  |  |  |
| В.          | Legacy Plus 13,  | LLC  |  |   |  |  |  |
|             | Outside institution, entity is required in the above s   |  | which the Covered Person has a personal or busing    | ness interest for which disclosure        |  |  |  |
|             | Member   |  |  |   |  |  |  |
|             | Covered person's status,   | relationship or commitment to  | the institution, entity, business or person named    | above                                     |  |  |  |
|             | Address and phone numb   | per of the institution, entity, bus  | iness or person named above                          |   |  |  |  |
| C.          | Select the category that   | applies to yourself and the outs   | ide institution, entity, business or person identifi | ied in subsection (B) above:              |  |  |  |
|             | I receive or have ag   | reed to receive compensation for   | or assisting a person or business entity in a transa | ction involving Salt Lake County.         |  |  |  |
|             | I am an officer, directly.   | ector, agent, employee or the ov   | vner of a substantial interest in a business entity  | that is subject to the regulation of Salt |  |  |  |
|             | I am an officer, dire Salt Lake County.  | ector, 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  | categories 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 business entity or person with the County. Use more sheets if necessary. ( <i>This disclosure statement will not be accepted as valid unless this section is completed</i> ) |  |   |  |  |  |
|             |  | ness is conducted with Salt  | Lake County.   |   |  |  |  |
|             |  |  |  |   |  |  |  |
|             |  |  |  |   |  |  |  |
|             |  |  |  |   |  |  |  |
|             |  |  |  |   |  |  |  |
|             |  |  |  |   |  |  |  |
|             |  |  |  |   |  |  |  |
|             |  |  |  |   |  |  |  |
| I d         | -  | •  | he foregoing is true and correct.                    |   |  |  |  |
| Sig         | gned on the $\frac{23}{\text{Date}}$ day   | of $\frac{\text{January}}{\text{Month}}$ , $\frac{2024}{\text{Year}}$ ,  |  |   |  |  |  |
|             | Salt Lake County   |  |  |   |  |  |  |
| at .        | City or other location, an   | d state or county  | _  |   |  |  |  |
| Κe          | ele Griffone   |  |  |   |  |  |  |
|             | nted Name  | (D: 11   1   1   1   1   1   1   1   1   1   | _  |   |  |  |  |
| K           | ele Griffone   | Digitally signed by Kele Griffone<br>Date: 2024.01.23 10:08:50 -07'00  |  |   |  |  |  |
| Sig         | gnature  |  |  |   |  |  |  |

(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.   | Kathrina Tuiono Assessment/Reports Case Manager  | 385-465-3537                              |  |  |  |  |
|------|--|---|--|--|--|--|
| 11.  | Covered Person Position, or County Division for which you are employed or volunteering 2001 South State Street Salt Lake County 84109  | County/Volunteer's Phone                  |  |  |  |  |
|      | Covered Person's County Address/Volunteer's Address  |   |  |  |  |  |
| В.   | Valley Behavioral  |   |  |  |  |  |
| Б.   | Outside institution, entity, private business or person in which the Covered Person has a personal or business required in the above section   | iness interest for which disclosure       |  |  |  |  |
|      | Employed part time as a behavioral Tech  |   |  |  |  |  |
|      | Covered person's status, relationship or commitment to the institution, entity, business or person named   | above                                     |  |  |  |  |
|      | 443 South 600 East Salt Lake City, UT 84102  |   |  |  |  |  |
|      | 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 identif   | ied in subsection (B) above:              |  |  |  |  |
|      | I receive or have agreed 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 Lake County.  | that is subject to the regulation of Salt |  |  |  |  |
|      | I am an officer, director, agent, employee or owner of a substantial interest in a business entity that Salt Lake County.  | does or anticipates doing business wit    |  |  |  |  |
|      | 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.  |   |  |  |  |  |
| D.   | Give a detailed description of the actual or potential conflicts of interest identified above, i.e., the nature entity or person with the County. Use more sheets if necessary. ( <i>This disclosure statement will not be a is completed.</i> )             |   |  |  |  |  |
|      | I work part time less then 20hrs a week around 14 to 16 a week for Valley Behavioral Core 1 to 8am .I work as behavioral tech and my hours do not conflict with Criminal Justice Services with clients that are on probation with Criminal Justice Services. |   |  |  |  |  |
| I d  | eclare under criminal penalty under the law of Utah that the foregoing is true and correct.  |   |  |  |  |  |
| Sic  | aned on the 22 day of January 2024   |   |  |  |  |  |
| 515  | gned on the $\frac{22}{\text{Date}}$ day of $\frac{\text{January}}{\text{Month}}$ , $\frac{2024}{\text{Year}}$ ,   |   |  |  |  |  |
| at _ | Salt Lake City   |   |  |  |  |  |
| at _ | City or other location, and state or county  |   |  |  |  |  |
| Ka   | thrina Tuiono  |   |  |  |  |  |
|      | nted Name  |   |  |  |  |  |
| K    | athrina Tuiono Date: 2024.01.22 13:43:51 -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. 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.   | Kenia L. (  | Cluff  | Division of                             | Criminal J         | ustice Services   |                  | 385-468-3486                           |  |
|------|---|--|---|--------------------|---|------------------|--|--|
| 11.  | Covered Perso   | on   | Position, or Cou                        | nty Division fo    | r which you are employed or volunt  | teering          | County/Volunteer's Phone               |  |
|      | 2001 S. S   | State St   | reet, Suite S                           | 3-650, Sal         | t Lake City, UT 84190   |                  |  |  |
|      | Covered Perso   | on's Count   | y Address/Volunt                        | eer's Address      |   |                  |  |  |
| В.   | Salt Lake   | Comm   | unity Colleg                            | е                  |   |                  |  |  |
|      | is required in t  | the above s  | section                                 | or person in w     | hich the Covered Person has a perso   | onal or busines  | s interest for which disclosure        |  |
|      | Adjunct P   |  |   |                    |   |                  |  |  |
|      |   |  |   |                    | e institution, entity, business or pers   | son named abo    | ove                                    |  |
|      |   |  | d Rd., Salt l                           |                    |   |                  |  |  |
|      | Address and p   | hone numl  | per of the institution                  | on, entity, busin  | ess or person named above   |                  |  |  |
| C.   | Select the car  | tegory that  | applies to yourse                       | f and the outsid   | le institution, entity, business or pers  | son identified   | in subsection (B) above:               |  |
|      | I receive   | e or have ag   | greed to receive co                     | mpensation for     | assisting a person or business entity   | in a transactio  | on involving Salt Lake County.         |  |
|      |   |  | ector, agent, empl                      | oyee or the owr    | ner of a substantial interest in a busin  | ness entity that | t is subject to the regulation of Salt |  |
|      | Lake Co   |  | ector, agent, empl                      | oyee or owner o    | of a substantial interest in a business   | entity that doe  | s or anticipates doing business with   |  |
|      |   | te County.   | nt or other financi                     | al interest that a | prentes a notential or actual conflict  | with my public   | e duties                               |  |
|      |   | 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   | None of the above categories apply.  |   |                    |   |                  |  |  |
| D.   |   | son with th  |   |                    | icts of interest identified above, i.e., essary. ( <i>This disclosure statement w</i> |                  |  |  |
|      | The potential conflict of interest is that I may have a student at Salt Lake Community College that is involved with Criminal Justice Services. There are parameters to limit the divulging of personal information as I would not release any information about the individual to Criminal Justice Services without violating FERPA and I would not release any information about the individual to Salt Lake Community College without violating CRF 42 and/or HIPPA. |  |   |                    |   |                  |  |  |
| Ιd   | leclare under cri   | iminal pen   | alty under the law                      | of Utah that the   | e foregoing is true and correct.  |                  |  |  |
| Si   | gned on the 22  | day  | of January                              | 2024               |   |                  |  |  |
|      | Dat   | ie au  | of Month                                | Year,              |   |                  |  |  |
| at . | Salt Lake City  | , Utah   |   |                    |   |                  |  |  |
|      | City or other lo  | ocation, an  | d state or county                       |                    |   |                  |  |  |
| Κe   | enia Cluff  |  |   |                    |   |                  |  |  |
|      | inted Name  |  | ( <b></b>                               |                    |   |                  |  |  |
| K    | Cenia Clu   | uff  | Digitally signed by<br>Date: 2024.01.22 |                    |   |                  |  |  |

Signature

(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*.)

| Kellie Madsen              | Salt Lake            | County Criminal Justice              | e Services                     | 385-468-8662   |
|----------------------------|----------------------|--------------------------------------|--------------------------------|--|
| Covered Person             | Position, or Cou     | nty Division for which you are en    | nployed or volunteering        | County/Volunteer's Phone   |
| 3415 S. 900 W.             | South Salt L         | ake, UT 84119                        |                                |  |
| Covered Person's Count     | y Address/Volunt     | er's Address                         |                                |  |
| KM Coaching                |                      |                                      |                                |  |
|                            |                      | or person in which the Covered       | Person has a personal or busi  | iness interest for which disclosure  |
| Owner                      |                      |                                      |                                |  |
| Covered person's status    | relationship or co   | mmitment to the institution, entit   | y, business or person named    | above  |
| 520 S. 500 E. U            | nit 316 SLC,         | UT 84102   801-913-3                 | 3379                           |  |
| Address and phone num      | ber of the instituti | n, entity, business or person nam    | ed above                       |  |
| Select the category that   | applies to yourse    | f and the outside institution, entit | v. business or person identifi | ied in subsection (B) above:   |
|                            |                      |                                      | •                              | ction involving Salt Lake County.  |
|                            |                      |                                      | •                              | that is subject to the regulation of Sa                                    |
| Lake County.               |                      |                                      |                                | does or anticipates doing business w                                       |
|                            |                      | al interest that creates a potential |                                | ablic duties.  |
|                            |                      | a potential or actual conflict with  | my public duties.              |  |
| None of the above          | categories apply.    |                                      |                                |  |
|                            |                      |                                      |                                | of the relationship of each business accepted as valid unless this section |
|                            | any alianta who a    | ு affiliated with Salt Lake Cou      | unt.                           |  |
| I do not work with a       | iny chemis who e     | c animated with balt bake bot        | mity.                          |  |
|                            |                      |                                      |                                |  |
|                            |                      |                                      |                                |  |
|                            |                      |                                      |                                |  |
|                            |                      |                                      |                                |  |
|                            |                      |                                      |                                |  |
|                            |                      |                                      |                                |  |
| declare under criminal pen | alty under the law   | of Utah that the foregoing is true   | and correct.                   |  |
| igned on the 22 day        | y of                 | 2024                                 |                                |  |
| Date Date                  | Month                | ' <del>Year'</del>                   |                                |  |
| South Salt Lake            |                      |                                      |                                |  |
| City or other location, as | nd state or county   |                                      |                                |  |
| ellie Madsen               | ·                    |                                      |                                |  |
| rinted Name                |                      |                                      |                                |  |
| inited Name                | Digitally signed b   |                                      |                                |  |

Signature

(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*.)

| Δ  | Lilian Lopez   | CJS-Case                                  | Manager Supervisor   | 385.468.3592  |  |  |  |  |  |
|--|--|---|--|---|--|--|--|--|--|
| <i>1</i> <b>1.</b>   | Covered Person   | Position, or Co                           | nty Division for which you are employed  | or volunteering County/Volunteer's Phone  |  |  |  |  |  |
|  | 2001 S. State Street, Suite S3-650, Salt Lake City, UT 84109 |   |  |   |  |  |  |  |  |
|  | Covered Person's County Address/Volunteer's Address          |   |  |   |  |  |  |  |  |
| В.   | Suncrest Couns   | seling                                    |  |   |  |  |  |  |  |
| ъ.   | Outside institution, enti                                    |   | or person in which the Covered Person ha   | as a personal or business interest for which disclosure   |  |  |  |  |  |
|  | Employee   |   |  |   |  |  |  |  |  |
|  | Covered person's status                                      | s, relationship or co                     | mmitment to the institution, entity, business  | ess or person named above   |  |  |  |  |  |
|  | 1258 S. Jordan   | Pkwy #202,                                | South Jordan, UT 84095 801.  | .255.1155   |  |  |  |  |  |
|  | Address and phone num  | nber of the instituti                     | on, entity, business or person named above   |   |  |  |  |  |  |
| C.   | Select the category the                                      | at annlies to vourse                      | f and the outside institution entity business  | ess or person identified in subsection (B) above:   |  |  |  |  |  |
| С.   |  |   | •  | ess entity in a transaction involving Salt Lake County.   |  |  |  |  |  |
|  |  |   |  | in a business entity that is subject to the regulation of   |  |  |  |  |  |
|  | I am an officer, d Lake County.                              | nector, agent, emp                        | byce of the owner of a substantial interest i  | in a business entity that is subject to the regulation of   |  |  |  |  |  |
|  | Salt Lake County   |   |  | business entity that does or anticipates doing business   |  |  |  |  |  |
|  |  |   | al interest that creates a potential or actual a potential or actual conflict with my publ |   |  |  |  |  |  |
|  | <b>=</b>   | e categories apply.                       | a potential of actual conflict with my puor  | ne daties.  |  |  |  |  |  |
| D  |  |   |  |   |  |  |  |  |  |
| D. Give a detailed description of the actual or potential conflicts of interest identified above, i.e., the nature of the relation entity or person with the County. Use more sheets if necessary. ( <i>This disclosure statement will not be accepted as ve is completed.</i> ) |  |   |  |   |  |  |  |  |  |
|  | evaluations, domes<br>Solutions Classes.                     | tic violence evalu<br>It is understood th | at I will notify my supervisor at Suncres  | involved. I complete substance abuse<br>erapy, Prime For Life classes and Prime<br>est Counseling if I am assigned to provide<br>and a different counselor would be assigned. |  |  |  |  |  |
| I d  | eclare under criminal pe                                     | nalty under the law                       | of Utah that the foregoing is true and corre   | ect.  |  |  |  |  |  |
|  | -  | -   | 2024   |   |  |  |  |  |  |
| Si   | gned on the $\frac{1}{\text{Date}}$ da                       | y of February  Month                      | Year,  |   |  |  |  |  |  |
| at .   | Salt Lake City   |   |  |   |  |  |  |  |  |
|  | City or other location, a                                    | and state or county                       |  |   |  |  |  |  |  |
| Lil  | ian Lopez  |   |  |   |  |  |  |  |  |
|  | nted Name  |   |  |   |  |  |  |  |  |
| L  | ilian Lopez  | Digitally signed b                        |  |   |  |  |  |  |  |
|  | gnature  | / = 2.5. 252 1.52.07                      |  |   |  |  |  |  |  |

(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.   | Lisa Morelock   | Instructor, Ci   | iminal Justice Services                               | 385-468-3542   |  |  |  |  |
|------|---|--|---|--|--|--|--|--|
| 1 1. | Covered Person  | Position, or County  | Division for which you are employed or voluntee       | ering County/Volunteer's Phone                       |  |  |  |  |
|      | 2001 South Stat   | e Street, Suite  | S3-650 SLC, UT 84190                                  |  |  |  |  |  |
|      | Covered Person's Count  | y Address/Volunteer'   | s Address   |  |  |  |  |  |
| В.   | Fit to Recover  |  |   |  |  |  |  |  |
| ъ.   | Outside institution, entity is required in the above s  |  | person in which the Covered Person has a person       | al or business interest for which disclosure         |  |  |  |  |
|      | 1331 Major Stre   | et, Salt Lake C  | ity, Utah 84115                                       |  |  |  |  |  |
|      | Covered person's status,  | relationship or comn   | nitment to the institution, entity, business or perso | n named above  |  |  |  |  |
|      | Volunteer   |  |   |  |  |  |  |  |
|      | Address and phone number  | ber of the institution,  | entity, business or person named above                |  |  |  |  |  |
| C.   | Select the category that  | applies to yourself a  | nd the outside institution, entity, business or perso | on identified in subsection (B) above:               |  |  |  |  |
|      | _   |  | ensation for assisting a person or business entity in |  |  |  |  |  |
|      |   | rector, agent, employe   | e or the owner of a substantial interest in a busine  | ess 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  |   |  |  |  |  |  |
|      | I hold an investme  | 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   | -  | ocanian or action common than in, parent announ       |  |  |  |  |  |
| 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. ( <i>This disclosure statement will not be accepted as valid unless this section is completed.</i> ) |  |   |  |  |  |  |  |
|      | On the weekend I vo communities.  | lunteer to help with   | service projects and community outreach wit           | h the unhoused and addiction                         |  |  |  |  |
|      |   |  |   |  |  |  |  |  |
|      |   |  |   |  |  |  |  |  |
|      |   |  |   |  |  |  |  |  |
|      |   |  |   |  |  |  |  |  |
|      |   |  |   |  |  |  |  |  |
|      |   |  |   |  |  |  |  |  |
| I d  | eclare under criminal pen   | alty under the law of  | Utah that the foregoing is true and correct.          |  |  |  |  |  |
|      |   |  | 2024  |  |  |  |  |  |
| 518  | gned on the $\frac{22}{\text{Date}}$ day  | Month '  | Year '  |  |  |  |  |  |
| at . | Salt Lake City, Utah  |  |   |  |  |  |  |  |
|      | City or other location, ar  | nd state or county   |   |  |  |  |  |  |
| Lis  | sa Morelock   |  |   |  |  |  |  |  |
|      | nted Name   | ſ <b>-</b>   |   |  |  |  |  |  |
| L    | isa Morelock  | Digitally signed by List<br>Date: 2024.01.22 13:   |   |  |  |  |  |  |
| Sig  | gnature   |  |   |  |  |  |  |  |

(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.   | Lisa Morelock  | Instructor, (   | Criminal Jus              | tice Services  | 385-468-3542                               |  |  |
|------|--|---|---------------------------|--|--|--|--|
| 11.  | Covered Person   | Position, or Cour   | nty Division for w        | which you are employed or volunteering   | County/Volunteer's Phone                   |  |  |
|      | 2001 South State   | e Street, Suit  | e S3-650 SI               | _C, UT 84190   |  |  |  |
|      | Covered Person's County  | Covered Person's County Address/Volunteer's Address   |                           |  |  |  |  |
| В.   | Purple Sky Coun  | seling  |                           |  |  |  |  |
| ъ.   | Outside institution, entity is required in the above s   |   | or person in whic         | h the Covered Person has a personal or bu  | isiness interest for which disclosure      |  |  |
|      | 12-15 hour week  | end office as   | sistant, res <sub>l</sub> | oonding to emails  |  |  |  |
|      | Covered person's status,   | relationship or con   | nmitment to the i         | nstitution, entity, business or person name                                      | d above                                    |  |  |
|      | 672 E Vine Stree   | et, Murray Ut   | ah 84107                  |  |  |  |  |
|      | Address and phone numb   | per of the institution  | n, entity, business       | or person named above  |  |  |  |
| C.   | Select the category that   | applies to yourself   | and the outside i         | nstitution, entity, business or person ident                                     | ified in subsection (B) above:             |  |  |
|      | _  |   |                           | sisting a person or business entity in a trans                                   |  |  |  |
|      | _  |   | -                         | of a substantial interest in a business entit                                    | -  |  |  |
|      | I am an officer, dire  | ector, agent, emplo   | yee or owner of a         | substantial interest in a business entity that                                   | at does or anticipates doing business with |  |  |
|      | Salt Lake County.  I hold an investmen   | nt or other financia  | l interest that crea      | ates 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.   |                           |  |  |  |  |
| D.   | 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. ( <i>This disclosure statement will not be accepted as valid unless this section is completed.</i> ) |   |                           |  |  |  |  |
|      |  |   |                           | eceived by Purple Sky Counseling. Er<br>s, and administrative tasks. I do not ir |  |  |  |
|      | appointment conoccin   | ing, conocaica in   | orapy workerion           | o, and daminionative tacke. Facilities   | nordet with enemie.                        |  |  |
|      |  |   |                           |  |  |  |  |
|      |  |   |                           |  |  |  |  |
|      |  |   |                           |  |  |  |  |
|      |  |   |                           |  |  |  |  |
|      |  |   |                           |  |  |  |  |
| LI   | colone various animainal mana  | alter you don't be love o   | of I Itale that the fo    | magaing in two and assument  |  |  |  |
|      | -  | -   |                           | regoing is true and correct.   |  |  |  |
| Sig  | gned on the $\frac{22}{\text{Date}}$ day   | of January<br>Month   | , 2024<br>Year            |  |  |  |  |
|      | Salt Lake City Utah  |   |                           |  |  |  |  |
| at . | City or other location, an   | d state or county   |                           |  |  |  |  |
| Lis  | sa Morelock  |   |                           |  |  |  |  |
| Pri  | nted Name  | r   |                           |  |  |  |  |
| L    | isa Morelock   | Digitally signed by Date: 2024.01.22  |                           |  |  |  |  |
| _    |  |   | <del></del>               |  |  |  |  |

Signature

(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.        | Madisen Drury Associate Director, SLCO Criminal Justice Services 385-468-3485  |  |  |  |  |
|-----------|--|--|--|--|--|
| . <b></b> | Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone 2001 S. State Street, Ste S3-650, SLC, UT 84190  |  |  |  |  |
|           | Covered Person's County Address/Volunteer's Address  |  |  |  |  |
|           | USA Water Polo and Utah Water Polo   |  |  |  |  |
| 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  |  |  |  |  |
|           | Head Referee, Board Member   |  |  |  |  |
|           | Covered person's status, relationship or commitment to the institution, entity, business or person named above   |  |  |  |  |
|           | 6 Morgan Street, Suite 150, Irvine, CA 92618   |  |  |  |  |
|           | 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:   |  |  |  |  |
| С.        | 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 Sa   |  |  |  |  |
|           | 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 w 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.  |  |  |  |  |
| 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. ( <i>This disclosure statement will not be accepted as valid unless this section is completed.</i> )  |  |  |  |  |
|           | Referee local and national games for the sport of water polo. As a head referee I assigned referees to various tournaments. I work with coaches to staff tournaments and leagues with qualified referees. Some of the these tournaments I am paid as an independent contractor through the county for age-group and collegiate events.   |  |  |  |  |
|           | As the Mountain Zone Head Referee for USA Water Polo, I am an non-voting board member of the USAWP Mountain Zone Board. I schedule/training/evaluate referees, provide support of sanctioning of tournaments, and provide guidance of disciplinary actions of all USA water polo member in the Mountain Zone (Arizona, Colorado, Nevada, New Mexico, Utah). Some of the sanctioned tournaments and leagues are held at SLCO aquatic facilities. Each tournament or league goes through a sanctioning process and is approved by the Mountain Zone Chair. |  |  |  |  |
| I d       | clare under criminal penalty under the law of Utah that the foregoing is true and correct.   |  |  |  |  |
| Sig       | ned on the $\frac{22}{\text{Date}}$ day of $\frac{\text{January}}{\text{Month}}$ , $\frac{2024}{\text{Year}}$ ,  |  |  |  |  |
| ,         | Vest Valley City, UT   |  |  |  |  |
| at .      | City or other location, and state or county  |  |  |  |  |
| Ma        | disen Drury  |  |  |  |  |
| Pri       | ated Name  |  |  |  |  |
| M         | adisen B. Drury Digitally signed by Madisen B. Drury Date: 2024.01.22 16:29:32 -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. 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. Nathan Daniel G. Case Management Supervisor 385-468-3513 Position, or County Division for which you are employed or volunteering County/Volunteer's Phone 3415 S 900 W, South Salt Lake, UT 84119 Covered Person's County Address/Volunteer's Address Murray School District 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 Volunteer/Teaching Aide Covered person's status, relationship or commitment to the institution, entity, business or person named above Hillcrest Junior High School, 178 E 5300 S, Murray, UT 84107, 801-264-7442 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. None of the above categories 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 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 work with the Murray City School District after school program at Hillcrest Junior High School. During this time I help facilitate both homework time and formal enrichment activities with an interest in benefiting the next generations. My work is not a direct conflict of interest but due to working for another public organization could be seen as a conflict. I declare under criminal penalty under the law of Utah that the foregoing is true and correct. Signed on the  $\frac{02}{Date}$  day of  $\frac{February}{Month}$ Salt Lake City, Utah City or other location, and state or county Nathan Daniel Gattle Printed Name

Signature

Daniel Gattle

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.

Digitally signed by Daniel Gattle

Date: 2024.02.05 07:16:01 -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. 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.                 | Paul Kunz   | CJS Prob   | tion Case Manager   |                         | 385-468-3449             |  |
|--------------------|---|--|---|-------------------------|--------------------------|--|
| <i>1</i> <b>1.</b> | Covered Person  | Position, or Co  | nty Division for which you are employed   | or volunteering         | County/Volunteer's Phone |  |
|                    | 2001 S. State S   | 2001 S. State St., Suite S3-650 Salt Lake City, Utah 84190   |   |                         |                          |  |
|                    | Covered Person's Cou  | Covered Person's County Address/Volunteer's Address  |   |                         |                          |  |
| В.                 | Treasury Aucti  | Treasury Auctions  |   |                         |                          |  |
| Б.                 | 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   |  |   |                         |                          |  |
|                    | Part-time employment  |  |   |                         |                          |  |
|                    | Covered person's statu  | Covered person's status, relationship or commitment to the institution, entity, business or person named above |   |                         |                          |  |
|                    | 1967 S 300 w  | 1967 S 300 w Salt Lake City, Utah 84115 385-416-2059   |   |                         |                          |  |
|                    | Address and phone nu  | mber of the institut   | on, entity, business or person named above  | :                       |                          |  |
| C.                 | Select the category th  | nat applies to yourse  | f and the outside institution, entity, busine   | ss or person identified | in subsection (B) above: |  |
|                    |   |  | mpensation for assisting a person or busine   | -                       |                          |  |
|                    | I am an officer,  | 0  | oyee or the owner of a substantial interest   | •                       |                          |  |
|                    | 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.  |   |                         |                          |  |
| 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. ( <i>This disclosure statement will not be accepted as valid unless this section is completed.</i> ) |  |   |                         |                          |  |
|                    | As an employee of complete returns in   | cluding credit card  | provide customer support by answering plefunds and while Treasury Auctions is a burn, does not cause a risk to the County wit | usiness entity that wor | ks in Salt Lake County,  |  |
| 1.4                | calara undar ariminal n   | analty under the lay   | of Utah that the foregoing is true and corre  | aat                     |                          |  |
|                    | -   | -  | 2024  |                         |                          |  |
| Sig                | gned on the $\frac{23}{\text{Date}}$  | lay of <u>January</u><br>Month   | $\frac{7}{\text{Year}}$   |                         |                          |  |
|                    | Salt Lake City, UT  | Wilditii   |   |                         |                          |  |
| at _               | City or other location,   | and state or county  |   |                         |                          |  |
| Pa                 | ıul Kunz  |  |   |                         |                          |  |
| Pri                | nted Name   | r.   |   |                         |                          |  |
| P                  | aul Kunz  | Digitally signed to Date: 2024.01.2  |   |                         |                          |  |
| <u>~ · </u>        |   | U  |   |                         |                          |  |

Signature

(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.) Robert Duncomb Case Manager, Criminal Justie Services 385-468-3531 Position, or County Division for which you are employed or volunteering County/Volunteer's Phone 2001 South State Street, Suite S3-650 SLC, UT 84190 Covered Person's County Address/Volunteer's Address **Buffalo Barbers** 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 I'm a part-time barber at Buffalo Barbers Covered person's status, relationship or commitment to the institution, entity, business or person named above 15 US-89 Suite 5, North Salt Lake, UT 84054 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. None of the above categories 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 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 am a part-time barber at Buffalo Barbers in Davis County. I do not see any conflicts of interest. I declare under criminal penalty under the law of Utah that the foregoing is true and correct. Signed on the  $\frac{22}{Date}$  day of  $\frac{January}{Month}$ Salt Lake City, UT City or other location, and state or county Robert Duncombe Printed Name Robert Duncombe Digitally signed by Robert Duncombe Date: 2024.01.22 13:00:16 -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. 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.          | Saimoa Amosa  | Criminal Justice Serv   | ices  | 385-468-3500                            |  |  |
|-------------|---|---|---|---|--|--|
| 1 <b>1.</b> | Covered Person  | Position, or County Division for  | r which you are employed or volunteering            | County/Volunteer's Phone                |  |  |
|             | 2001 South State  | e Street, Salt Lake City  | , UT 84115  |   |  |  |
|             | Covered Person's County   | Covered Person's County Address/Volunteer's Address   |   |   |  |  |
| В.          | Walmart   |   |   |   |  |  |
| D.          |   | 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 |   |   |  |  |
|             | Employee  | Employee  |   |   |  |  |
|             | Covered person's status,  | Covered person's status, relationship or commitment to the institution, entity, business or person named above  |   |   |  |  |
|             | 99 West 1280 North Tooele, UT at 435-882-0180   |   |   |   |  |  |
|             | Address and phone numb  | per of the institution, entity, busin   | ess or person named above                           | _                                       |  |  |
| C.          | Select the category that  | applies to yourself and the outsic  | le institution, entity, business or person identifi | ied in subsection (B) above:            |  |  |
|             | I receive or have ag  | greed to receive compensation for   | assisting a person or business entity in a transa   | ction involving Salt Lake County.       |  |  |
|             | I am an officer, directly.  | 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 Sal                               |   |   |  |  |
|             |   | ector, agent, employee or owner of  | 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 categories 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 business entity or person with the County. Use more sheets if necessary. ( <i>This disclosure statement will not be accepted as valid unless this section is completed.</i> ) |   |   |   |  |  |
|             | At Walmart I work 10  | At Walmart I work 10 hours a week in the online grocery shopping department.  |   |   |  |  |
|             |   |   |   |   |  |  |
|             |   |   |   |   |  |  |
|             |   |   |   |   |  |  |
|             |   |   |   |   |  |  |
|             |   |   |   |   |  |  |
|             |   |   |   |   |  |  |
|             |   |   |   |   |  |  |
| I d         | eclare under criminal pena  | alty under the law of Utah that the   | e foregoing is true and correct.                    |   |  |  |
| Sid         | gned on the 22 day  | of January , 2024   |   |   |  |  |
| 315         | Date Date   | Month , Year ,  |   |   |  |  |
|             | Salt Lake County  |   |   |   |  |  |
| at _        | City or other location, an  | d state or county   |   |   |  |  |
| Sa          | mioaAmosa   |   |   |   |  |  |
|             | nted Name   |   |   |   |  |  |
| S           | aimoa Amosa   | Digitally signed by Saimoa Amosa<br>Date: 2024.01.22 13:17:05 -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. 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. Saimoa Amosa                            | Criminal Justice Services   |                                 | 385-468-3500                      |  |  |  |
|--|---|---------------------------------|-----------------------------------|--|--|--|
| Covered Person                             | Position, or County Division for which you are e  | employed or volunteering        | County/Volunteer's Phone          |  |  |  |
| 2001 South Stat                            | 2001 South State Street, Salt Lake City, UT 84115   |                                 |                                   |  |  |  |
| Covered Person's Count                     | Covered Person's County Address/Volunteer's Address   |                                 |                                   |  |  |  |
| <sub>B.</sub> Utah Case Mana               | Utah Case Management  |                                 |                                   |  |  |  |
| Outside institution, entit                 | Outside institution, entity, private business or person in which the Covered Person has a personal or business interest for which disclosure s required in the above section  |                                 |                                   |  |  |  |
| Employee                                   | Employee  |                                 |                                   |  |  |  |
| Covered person's status                    | Covered person's status, relationship or commitment to the institution, entity, business or person named above  |                                 |                                   |  |  |  |
| Remote work 80                             | Remote work 801-407-0047  |                                 |                                   |  |  |  |
| Address and phone num                      | ber of the institution, entity, business or person nar  | ned above                       | _                                 |  |  |  |
| C. Select the category that                | applies to yourself and the outside institution, enti   | tv. business or person identifi | ed in subsection (B) above:       |  |  |  |
|  | greed to receive compensation for assisting a person  |                                 |                                   |  |  |  |
|  | •   | -                               | -                                 |  |  |  |
| 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 Sa 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.                          |   |                                 | 1.1:- 44:                         |  |  |  |
|  | 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. ( <i>This disclosure statement will not be accepted as valid unless this section is completed.</i> ) |                                 |                                   |  |  |  |
|  | ement I work 10-15 hours a week. I receive ref<br>te the clients intkae on weekends for the privat  |                                 | sist their clientele with housing |  |  |  |
|  |   |                                 |                                   |  |  |  |
| I declare under criminal pen               | alty under the law of Utah that the foregoing is true   | and correct.                    |                                   |  |  |  |
| Signed on the $\frac{22}{\text{Date}}$ day | y of $\frac{\text{January}}{\text{Month}}$ , $\frac{\text{2024}}{\text{Year}}$ ,  |                                 |                                   |  |  |  |
| Salt Lake County                           |   |                                 |                                   |  |  |  |
| at<br>City or other location, a            | nd state or county  |                                 |                                   |  |  |  |
| SamioaAmosa                                |   |                                 |                                   |  |  |  |
| Printed Name                               |   |                                 |                                   |  |  |  |
| Saimoa Amos                                | Digitally signed by Saimoa Amosa Date: 2024.01.22 13:16:33 -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. 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.   | Salina Kauvaka  | Criminal Justice Se  | ervices  | 385-468-3511                       |  |  |
|------|---|--|--|------------------------------------|--|--|
|      | Covered Person  | Position, or County Division   | n for which you are employed or volunteering           | County/Volunteer's Phone           |  |  |
|      | Salt Lake Metro Jail  |  |  |                                    |  |  |
|      | Covered Person's Count  | Covered Person's County Address/Volunteer's Address  |  |                                    |  |  |
| В.   | Meadowbrook C   | Meadowbrook Counseling   |  |                                    |  |  |
| ъ.   | 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   |  |  |                                    |  |  |
|      | Intern  |  |  |                                    |  |  |
|      | Covered person's status,  | Covered person's status, relationship or commitment to the institution, entity, business or person named above |  |                                    |  |  |
|      | 1361 N 1075 W STE 15, Farmington, UT 84025  |  |  |                                    |  |  |
|      | Address and phone numb  | per of the institution, entity, bu   | usiness or person named above                          |                                    |  |  |
| C.   | Select the category that  | applies to yourself and the ou   | atside institution, entity, business or person identif | fied in subsection (B) above:      |  |  |
|      | I receive or have ag  | greed to receive compensation  | for assisting a person or business entity in a transa  | 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 Sal 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.  |  |  |                                    |  |  |
|      | None of the above categories 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 business entity or person with the County. Use more sheets if necessary. ( <i>This disclosure statement will not be accepted as valid unless this section is completed.</i> ) |  |  |                                    |  |  |
|      | I am an intern at a therapy office with the potential of having clients from Criminal Justice Services.   |  |  |                                    |  |  |
|      |   |  |  |                                    |  |  |
|      |   |  |  |                                    |  |  |
|      |   |  |  |                                    |  |  |
|      |   |  |  |                                    |  |  |
|      |   |  |  |                                    |  |  |
|      |   |  |  |                                    |  |  |
|      |   |  |  |                                    |  |  |
| Ιd   | eclare under criminal pena  | alty under the law of Utah that  | t the foregoing is true and correct.                   |                                    |  |  |
| Si   | gned on the $\frac{01}{\text{Date}}$ day  | $v 	ext{ of } \frac{\text{February}}{\text{Month}}, \frac{2024}{\text{Year}},$                                 |  |                                    |  |  |
|      | Salt Lake City, UT  |  |  |                                    |  |  |
| at . | City or other location, an  | ad state or county   |  |                                    |  |  |
| Sa   | alina Kauvaka   |  |  |                                    |  |  |
| Pri  | nted Name   |  | <u> </u>   |                                    |  |  |
| S    | alina Kauvaka   | Digitally signed by Salina Kauva<br>Date: 2024.02.04 08:10:57 -07  | aka<br>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. 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.          | Tara Bennion  | Case Manager   |   | 385-468-3500                              |  |  |
|-------------|---|--|---|---|--|--|
| <i>1</i> 1. | Covered Person  | Position, or County Division f   | or which you are employed or volunteering                     | County/Volunteer's Phone                  |  |  |
|             | 2001 South State Street S3650   |  |   |   |  |  |
|             | Covered Person's Count  | y Address/Volunteer's Address  |   | _   |  |  |
| В.          | Volunteers of Ar  | nerica, Utah   |   |   |  |  |
| Σ.          | 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   |  |   |   |  |  |
|             | 1875 S Redwood Road Salt Lake City, UT 84104 (801) 363-9414   |  |   |   |  |  |
|             | Covered person's status, relationship or commitment to the institution, entity, business or person named above  |  |   |   |  |  |
|             | Board of Directo  | Board of Directors voting member   |   |   |  |  |
|             | Address and phone num   | ber of the institution, entity, busi   | ness or person named above                                    |   |  |  |
| C.          | Select the category that  | t applies to yourself and the outsi  | de institution, entity, business or person identifi           | ed in subsection (B) above:               |  |  |
|             |   |  | r assisting a person or business entity in a transac          |   |  |  |
|             | 1 1   | rector, agent, employee or the ow  | ner 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.  |  |   |   |  |  |
|             | None of the above   |  |   |   |  |  |
| 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. ( <i>This disclosure statement will not be accepted as valid unless this section is completed.</i> ) |  |   |   |  |  |
|             |   | er of America Utah Board of Di<br>service and or non direct clie               | rectors. I also will be volunteering at events<br>nt service. | and at their programs. This               |  |  |
| LA          | eclare under criminal nen   | alty under the law of Utah that th   | e foregoing is true and correct                               |   |  |  |
|             | •   | •  | e foregoing is true and correct.                              |   |  |  |
| Sig         | gned on the Date day  | $y \text{ of } \frac{\text{January}}{\text{Month}}, \frac{2024}{\text{Year}},$ |   |   |  |  |
| _4          | Salt Lake County  | Month 1 cm   |   |   |  |  |
| at .        | City or other location, ar  | nd state or county   | _   |   |  |  |
| Ta          | ra Bennion  |  |   |   |  |  |
|             | nted Name   | <b>.</b>   | -   |   |  |  |
| T           | ara Bennion   | Digitally signed by Tara Bennion Date: 2024.01.23 11:32:04 -07'00'             |   |   |  |  |

Signature