

JENNIFER WILSONSALT LAKE COUNTY MAYOR

KAREN CROMPTON
SALT LAKE COUNTY

HUMAN SERVICES
DEPARTMENT DIRECTOR

KELE GRIFFONE
DIVISION DIRECTOR

JESSICA THAYER
ASSOCIATE DIRECTOR

MADISEN DRURY
ASSOCIATE DIRECTOR

February 2, 2023

To Whom It May Concern,

Criminal Justice Services submits the following County Disclosure forms for review:

Employees

- Adrian Martinez, Modern Day Hot Rods, LLC
- Alisha Salinas, ARS
- Alisha Salinas, Odyssey House
- Ashlei Fraser, Center for Family Evaluation and Treatment
- Christopher Collier, UofU Hopitals and Clinics Huntsman Mental Health Institute
- Chris Pacheco, Delta Airlines
- Courtney Blazor, Statewide Utah
- Daniel Olsson, Salt Lake County Democratic Party
- Dave Nicoll, Church of Jesus Christ of Latter Day Saints
- Dave Nicoll, City of Taylorsville
- Dave Nicoll, Taylorsville Fast Pitch Softball League
- Dave Nicoll, Taylorsville High School
- Dwayne Lee, East Hight School
- Gene Tabish, Discovery Cove Home Owners Association
- Heidi Marks, Clinical Consultants
- Jacqueline Lefferts, Aspen Magdalene House
- Jeff Monson, Oquirrh Recreation and Parks District
- Jeff Wade, Changes Counseling
- John Holdaway, Valley Behavioral Health
- Kele Griffone, American 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
- Kele Griffone, Sides Construction, LLC
- Kellie Madsen, KM Coaching, LLC
- Kenia Cluff, Salt Lake Community College

SALT LAKE COUNTY CRIMINAL JUSTICE SERVICES 145 EAST 1300 SOUTH, STE. 501 SALT LAKE CITY, UT 84115-6141 PHONE (385) 468-3500 FAX (385) 468-3430 TTY: 7-1-1

- Kristina Pulsipher, Ruff Haven Crisis Sheltering
- Lilian Lopez, Suncrest Counseling
- Madisen Drury, USA Water Polo and Utah Water Polo
- Matthew Howze, Getetc.com
- Robert Duncombe, Buffalo Barbershop
- Sarah Benj, Utah parent Center
- Tara Bennion, Volunteers of America
- Saimoa Amosa, Walmart Supercenter
- Terese Thompson, Lyft
- Vaniah Picasso, The Depot/Livenation
- Jonathan Paul Stout, Pioneer Roofing Co

Sincerely,

Kele Griffone Digitally signed by Kele Griffone Date: 2023.02.09 11:30:59 -07'00'

Kele Griffone

Division Director



Department Director



Mayors Office Designee

(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 Case Management Supervisor, Criminal Justice Service 385-468-3507				
	Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone 151 E 1300 S, Suite #501 SLC, Utah 84115				
	Covered Person's County Address/Volunteer's Address				
В.	Modern Day Hot Rods, LLC				
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				
	Owner				
	Covered person's status, relationship or commitment to the institution, entity, business or person named above				
	4956 W 6200 S #223 Kearns, Utah 84118				
	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.)				
There is no conflict of interest as the LLC involves online retail sales of apparel, garage decor, and other miscellar automotive items.					
I de	clare under criminal penalty under the law of Utah that the foregoing is true and correct.				
Sig	ned on the Date day of January , 2023 , Year ,				
	Salt Lake County				
at _	City or other location, and state or county				
Adı	ian Martinez				
Prin	ted Name				
Ac	Irian B. Martinez Digitally signed by Adrian B. Martinez Date: 2023.01.24 11:03:10 -07'00'				
_	nature				

(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*.)

Α. Α	disha Salinas	LCSW		3854683514		
	overed Person	Position, or County Divis	ion for which you are employed or volunteering	County/Volunteer's Phone		
1	45 E 1300 S St	e 501 SLC UT 841	15			
Co	overed Person's Count	Address/Volunteer's Add	ress			
В. А	RS					
Οι	itside institution, entity required in the above s		n in which the Covered Person has a personal or busing	iness interest for which disclosure		
р	art time					
Co	overed person's status,	relationship or commitmen	t to the institution, entity, business or person named	above		
4	50 S 900 E SLO	8015872770				
Ac	dress and phone numb	er of the institution, entity,	business or person named above			
C. S	elect the category that	annlies to vourself and the	outside institution, entity, business or person identifi	ied in subsection (B) above:		
C. 5	_		on for assisting a person or business entity in a transa			
L		_	the owner of a substantial interest in a business entity			
	Lake County.	ector, agent, employee or in	e owner of a substantial interest in a business entity	that is subject to the regulation of Sa		
		ector, agent, employee or ov	vner of a substantial interest in a business entity that	does or anticipates doing business wi		
Г	Salt Lake County. I hold an investment	nt or other financial interest	that creates a potential or actual conflict with my pu	ablic duties		
È	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.					
Ī	None of the above	categories apply.				
eı	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.)					
		S completing assessmen	nts. I do not complete assessments for any CJS	S clients.		
			,			
_ Ldoola	ro under criminal nanc	Ity under the law of I Itah th	nat the foregoing is true and correct.			
	0.4	1	at the foregoing is true and correct.			
Signed	d on the $\frac{24}{\text{Date}}$ day	of Month , Year	,			
01-		Wolldi Teal				
SIC						
City	or other location, an	d state or county				
Alisha	Salinas					
	l Name		 :			
Alis	ha L. Salina	Digitally signed by Alisha L. Sa Date: 2023.01.24 11:09:18 -07	ilinas			
Signati						

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 employed or volunteering	County/Volunteer's Phone			
145 E 1300 S ste 501 SLC UT 84115				
Covered Person's County Address/Volunteer's Address				
3. Odyssey House				
Outside institution, entity, private business or person in which the Covered Person has a personal or busi is required in the above section	iness interest for which disclosure			
employed part time clinician for assessments				
Covered person's status, relationship or commitment to the institution, entity, business 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 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 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 officers are also as a substantial interest in a business entity that officers are also as a substantial interest in a business entity that officers are also as a substantial interest in a business entity that officers are also as a substantial interest in a business entity that officers are also as a substantial interest in a business entity that officers are also as a substantial interest in a business entity that officers are also as a substantial interest in a business entity that officers are also as a substantial interest in a business entity that officers are also as a substantial interest in a business entity that officers are also as a substantial interest in a business entity that officers are also as a substantial interest in a business entity that officers are also as a substantial interest in a business entity that officers are also as a substantial interest in a business entity that officers are also as a substantial interest in a business entity that officers are also as a substantial interest in a business entity are also as a substantial interest in a business entity are also as a substantial interest in a business entity are also as a substantial interest in a substantial interest.				
Salt Lake County. Lived an investment or other financial interest that creates a potential or actual conflict with my number of the conflict with my numbe	ublic duties			
I hold a personal interest that creates a potential or actual conflict with my public 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 the above categories apply.				
 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. (This disclosure statement will not be a is completed.) 				
I work for CATS program PRN to help with initial assessments. I do not do assessments for an any program at CJS.	nyone who is supervised by			
declare under criminal penalty under the law of Utah that the foregoing is true and correct.				
24 January 2023				
Signed on the Date day of Month , Year ,				
Sico				
City or other location, and state or county				
Nisha Salinas				
rinted Name				
Alisha L. Salinas Digitally signed by Alisha L. Salinas Date: 2023.01.24 11:06:03 -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.	Ashlei Fraser	Clinical Case Manag	er, Criminal Justice Services	385-4683491			
7	Covered Person	Position, or County Division for	or which you are employed or volunteering	County/Volunteer's Phone			
	145 E. 1300 S. S	Salt Lake City, UT 841	15				
	Covered Person's County	Covered Person's County Address/Volunteer's Address					
В.	Center for Family	/ Evaluation and Treat	tment				
Б.	Outside institution, entity is required in the above so		which the Covered Person has a personal or busine	ess interest for which disclosure			
	Employed as a th	nerapist					
	Covered person's status, i	relationship or commitment to the	ne institution, entity, business or person named al	oove			
	5691 S. Redwood	d Rd. #16 Taylorsville	, UT 84123				
	Address and phone number	er of the institution, entity, busin	ness or person named above	· · · · · · · · · · · · · · · · · · ·			
C.	Select the category that a	applies to yourself and the outsi	de institution, entity, business or person identified	1 in subsection (B) above:			
			assisting a person or business entity in a transact				
		-	ner of a substantial interest in a business entity th	=			
	Lake County.		of a substantial interest in a business entity that do				
	Salt Lake County.	t or other financial interest that	creates a potential or actual conflict with my pub	lie duties			
			actual conflict with my public duties.	ne duties.			
	None of the above of	categories apply.					
D.			licts of interest identified above, i.e., the nature of cessary. (This disclosure statement will not be accessary.				
			e potential to receive a referral for domestic or a self-referral for someone being supervis				
	for an individual being	supervised by Criminal Justi	nd Treatment it is understood that I personally ce Services. I only provide treatment for indi- eferrals who are not on community supervision	viduals being solely			
Ida	eclare under criminal panal	lty under the law of Utah that the	e foregoing is true and correct				
	21	January 2022	e tolegoing is true and correct.				
Sig	ned on the Date day	of Month , Year ,					
	Salt Lake City, Utah	and a supplied of the supplied					
at_	City or other location, and	I state or county	-				
	•	·					
	nlei Fraser nted Name						
	shlei Fraser	Digitally signed by Ashlei Fraser					
		Date: 2023.01.31 16:24:09 -07'00'					
Sig	nature						

(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.	Christopher Collic Drug Court CCM at Criminial Justice Services 385-468-3495			
71.	Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone 145 E 1300 South Suite 501- SLC UT			
	Covered Person's County Address/Volunteer's Address			
В.	University of Utah Hospitals and Clinics Huntsman Mental Health Institute			
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			
	Licensed Clinical Social Worker Crisis Worker			
	Covered person's status, relationship or commitment to the institution, entity, business or person named above			
	501 Chipeta Way, SLC 84108 or 50 N Medical Drive - 801-583-2500 #2			
	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 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>)			
	To my knowledge, my role as a Crisis Worker / Social Worker at U of U does not have any conflicts of with any of my roles with Salt Lake County.			
I d	eclare under criminal penalty under the law of Utah that the foregoing is true and correct.			
Sig	ned on the $\frac{25}{\text{Date}}$ day of $\frac{\text{January}}{\text{Month}}$, $\frac{2023}{\text{Year}}$,			
at =	Salt Lake City, UT			
	City or other location, and state or county			
Ch	ristopher Collier			
	ated Name			
C	nristopher Collier Digitally signed by Christopher Collier Date: 2023.01.25 09:56:35 -07'00'			
_	nature			

(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*.)

CHRIS PACHEC CASE MANAGER	3854683590				
Covered Person Position, or County Division for which you are employed or volunteer	ring County/Volunteer's Phone				
145 E 1300 S SUITE 501 - SLC, UT 84115					
Covered Person's County Address/Volunteer's Address					
DELTA AIRLINES					
Outside institution, entity, private business or person in which the Covered Person has a personal is required in the above section	l or business interest for which disclosure				
EMPLOYED PART TIME - 20 HOURS A WEEK					
Covered person's status, relationship or commitment to the institution, entity, business or person	named above				
776 N TERMINAL DR - SLC, UT - 800-221-1212					
Address and phone number of the institution, entity, business or person named above					
2. Select the category that applies to yourself and the outside institution, entity, business or person	identified in subsection (R) above				
I receive or have agreed to receive compensation for assisting a person or business entity in a					
I am an officer, director, agent, employee or the owner of a substantial interest in a business					
Lake County.	s entity that is subject to the regulation of Sa				
I am an officer, director, agent, employee or owner of a substantial interest in a business ent. 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 wi				
I hold an investment or other financial interest that creates a potential or actual conflict with I hold a personal interest that creates a potential or actual conflict with my public duties.	h my public duties.				
None of the above categories apply.					
	are a Cale and a constitution of the Late				
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.)					
NO CONFLICT - WORK HOURS ARE OUTSIDE OF THE BUISINESS HOURS OF CF	RIMINAL JUSTICE SERVICES				
declare under criminal penalty under the law of Utah that the foregoing is true and correct.					
igned on the day of,					
Date Month Year,					
SALT LAKE CITY, UTAH					
City or other location, and state or county					
HRIS PACHECO					
rinted Name					
Chris Pacheco					
ignature					

Printed Name

Signature

Courtney Blazor

(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. Courtney Blazor Case Manager SLCO Criminal Justice Services 385-468-3504 Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone 145 E 1300 S Ste 501 SLC, UT 84115 Covered Person's County Address/Volunteer's Address Statewide Utah 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** Covered person's status, relationship or commitment to the institution, entity, business or person named above 7882 Goslin CT West Jordan, UT 801-809-4133 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 serving summons/court documents to individuals that may be criminal justice involved. I declare under criminal penalty under the law of Utah that the foregoing is true and correct. Signed on the 24 day of January Salt Lake County City or other location, and state or county Courtney Blazor

(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*.)

Α.	Daniel Olsson	IT Coordinator		385-468-3458		
/ K.	Covered Person	Position, or County Division	for which you are employed or volunteering	County/Volunteer's Phone		
	145 E. 1300 S., S	Salt Lake City, UT 84	1 115			
	Covered Person's County	Address/Volunteer's Addres	s			
В.	Salt Lake County	Democratic Party				
2,	Outside institution, entity, is required in the above se		which the Covered Person has a personal or business	ness interest for which disclosure		
	Delegate and Vol	unteer				
	Covered person's status, r	elationship or commitment to	the institution, entity, business or person named	above		
	825 N 300 W, Sa	It Lake City, UT 841	03			
	Address and phone number	er of the institution, entity, bu	siness or person named above			
C,	Select the category that a	applies to yourself and the out	side institution, entity, business or person identifi	ied in subsection (B) above:		
	I receive or have agr	reed to receive compensation	for assisting a person or business entity in a transa-	ction involving Salt Lake County.		
		ctor, agent, employee or the o	owner of a substantial interest in a business entity	that is subject to the regulation of Salt		
	Lake County.	etor agent employee or owne	er of a substantial interest in a business entity that	does or anticinates doing husiness with		
	Salt Lake County.	10 5 0		_		
	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 c		a actual conflict with my paone duties.			
D.			nfligta of interest identified above in the nature	of the relationship of each hydroca		
D ₀	entity or person with the	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.)					
	No conflict					
				Í		
I de	clare under criminal nenal	ty under the law of Utah that	the foregoing is true and correct.			
	26	lonuoni 2022	are roregoing to true una correct.			
Sig	ned on the Date day o	Month , Year				
9	Salt Lake City, UT					
at _	City or other location, and	state or county	_			
	niel Olsson					
	ited Name		<u> </u>			
	aniel Olsson	Digitally signed by Daniel Olsson Date: 2023.01.26 15:15:56 -07'0				
		Dato. 2020.01.20 10.10.00 -07 00	<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*.)

A.	Dave Nicoll	Criminal Justice Serv	rices	385-468-3452
1 %.	Covered Person	Position, or County Division for	r which you are employed or volunteering	County/Volunteer's Phone
	145 E 1300 S,	Salt Lake City, UT 8411	5	
	Covered Person's Cour	nty Address/Volunteer's Address		
В.	Church of Jesu	s Christ of Latter-day Sa	aints	
Д.	Outside institution, ent is required in the above		hich the Covered Person has a personal or busi	ness interest for which disclosure
	Parent Voluntee	er		
	Covered person's statu	s, relationship or commitment to the	e institution, entity, business or person named	above
	4986 S Valois [Or, Taylorsville, UT 8412	29 +18019647212	
	Address and phone nur	nber of the institution, entity, busir	ess or person named above	
C.	Select the category the	at applies to yourself and the outside	le institution, entity, business or person identifi	ed in subsection (B) above:
			assisting a person or business entity in a transaction	
			ner of a substantial interest in a business entity	
	Lake County.		6 1 2011 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1
	Salt Lake County		f a substantial interest in a business entity that of	ioes or anticipates doing business with
			reates a potential or actual conflict with my pu	blic duties.
	<u> </u>		ctual conflict with my public duties.	
		e categories apply.		
D.			icts of interest identified above, i.e., the nature essary. (This disclosure statement will not be a	
	I volunteer with a va	ariety of programs.		
	1			
I de	eclare under criminal pe	nalty under the law of Utah that the	foregoing is true and correct.	
Sic	ned on the 24	y of January , 2023		
OIE	Date	Month 'Year'		
	Γaylorsville, UT			
at _	City or other location, a	and state or county		
Da	ve Nicoll			
	nted Name			
D	ave Nicoll	Digitally signed by Dave Nicoll Date: 2023.01.24 11:37:32 -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.	Dave Nicoll	Criminal Justice Serv	vices	385-468-3452	
11.	Covered Person	Position, or County Division for	r which you are employed or volunteering	County/Volunteer's Phone	
	145 E 1300 S,	Salt Lake City, UT 8411	5		
	Covered Person's Cour	nty Address/Volunteer's Address			
В.	City of Taylorsv	rille			
2,	Outside institution, enti		hich the Covered Person has a personal or busi	ness interest for which disclosure	
	Volunteer				
	Covered person's status	s, relationship or commitment to the	e institution, entity, business or person named	above	
	2600 Taylorsvi	lle Blvd, Salt Lake City,	UT 84129 801-963-5400		
	Address and phone nun	nber of the institution, entity, busin	ess or person named above		
C.	Select the category that	at applies to yourself and the outsic	le institution, entity, business or person identifi	ed in subsection (B) above:	
	I receive or have a	agreed to receive compensation for	assisting a person or business entity in a transac	ction involving Salt Lake County.	
	I am an officer, di	irector, agent, employee or the own	ner of a substantial interest in a business entity	that is subject to the regulation of Salt	
	I am an officer, di		f a substantial interest in a business entity that of	loes or anticipates doing business with	
	Salt Lake County		reates a potential or actual conflict with my pu	blic duties	
			ctual conflict with my public 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. (This disclosure statement will not be accepted as valid unless this section is completed.)			
		Taylorsville Dayzz Celebration.			
	L				
I de	clare under criminal per	nalty under the law of Utah that the	foregoing is true and correct.		
Sig	ned on the 24 da	y of, 2023			
Ū	Date	Month Year			
at _	Taylorsville, UT				
	City or other location, a	nd state or county			
Da	ve Nicoll				
	ted Name	Digitally clanad by Davis Mice!!			
D	ave Nicoll	Digitally signed by Dave Nicoll Date: 2023.01.24 11:35:47 -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*.)

Α.	Dave Nicoll	Criminal Justice Ser	vices	385-468-3452
71.	Covered Person		or which you are employed or volunteering	County/Volunteer's Phone
		te 501, Salt Lake City,	UT 84115	
		Address/Volunteer's Address		
B.		-Pitch Softball League		
	is required in the above s		hich the Covered Person has a personal or busi	ness interest for which disclosure
	Board Member			
	Covered person's status,	relationship or commitment to the	ne institution, entity, business or person named	above
	Taylorsville, UT			
	Address and phone numb	er of the institution, entity, busin	ness or person named above	
C.	Select the category that	applies to yourself and the outsi	de institution, entity, business or person identifi	ed in subsection (B) above:
	I receive or have ag	reed to receive compensation for	assisting a person or business entity in a transaction	ction involving Salt Lake County.
	Lake County.		ner of a substantial interest in a business entity	
	I am an officer, dire Salt Lake County.	ector, agent, employee or owner of	of a substantial interest in a business entity that of	loes or anticipates doing business with
		nt or other financial interest that	creates a potential or actual conflict with my pu	blic duties.
	I hold a personal in	terest that creates a potential or a	ectual conflict with my public duties.	
	None of the above of	categories apply.		
D.			icts of interest identified above, i.e., the nature cessary. (This disclosure statement will not be a	
	TFSL rents softball fie	elds from Salt Lake County Pa	arks and Rec.	
I de	clare under criminal nena	lty under the law of Utah that the	e foregoing is true and correct	
			o totegoing is true and correct.	
Sig	ned on the Date day	of January , 2023 Month , Year		
_		Month		
at_	Faylorsville, UT City or other location, and	1.4.4.		
	•	i state or county		
	ve Nicoll			
	ited Name	Digitally signed by Dave Nicoll		
ט	ave Nicoll	Date: 2023.01.24 11:05:40 -07'00'		
Sign	nature			

(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.	Dave Nicoll	Criminal Justice Serv	rices	385-468-3452	
, L.	Covered Person	Position, or County Division for	r which you are employed or volunteering	County/Volunteer's Phone	
	145 E 1300 S, S	Salt Lake City, UT 8411	5		
	Covered Person's Coun	ity Address/Volunteer's Address			
В.	Taylorsville High	h School			
ъ.	Outside institution, enti		hich the Covered Person has a personal or busi	ness interest for which disclosure	
	Parent Voluntee	er			
	Covered person's status	s, relationship or commitment to th	e institution, entity, business or person named	above	
	5225 S Redwood	od Rd, Taylorsville, UT 8	34123 385-646-5455		
	Address and phone num	ber of the institution, entity, busin	ess or person named above		
C.	Select the category tha	at annlies to yourself and the outside	e institution, entity, business or person identifi	ed in subsection (B) above:	
С.	_		assisting a person or business entity in a transaction		
	1765	-	her of a substantial interest in a business entity		
	Lake County.		•		
	I am an officer, di Salt Lake County	5 (8) 1 1 (9)	f a substantial interest in a business entity that of	loes or anticipates doing business w	
			reates a potential or actual conflict with my pu	blic duties.	
	I hold a personal i	interest that creates a potential or a	ctual conflict with my public 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. (This disclosure statement will not be accepted as valid unless this section is completed.)			
		Track and Field program, the Ti	neatre program, and the Choir Program.		
I de	clare under criminal per	nalty under the law of Utah that the	foregoing is true and correct.		
Sia	ned on the 24 da	y of January 2023			
Sig	Date	Month 'Year'			
-	Taylorsville, UT				
at _	City or other location, a	nd state or county			
Da	ve Nicoll				
	ited Name				
	ave Nicoll	Digitally signed by Dave Nicoll Date: 2023.01.24 11:33:24 -07'00'			
_	nature	Date: 2025.01.24 1.35.24 -07 00			

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 re-

filed every January, as long as the potential conflict exists.

(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	Jaii screener		385-468-8661		
	Covered Person	Position, or County Division for	r which you are employed or volunteering	County/Volunteer's Phone		
	3415 S 900 W S	LC, UT 84115				
	Covered Person's County	y Address/Volunteer's Address		*		
В.	East High School	d				
	Outside institution, entity is required in the above s		hich the Covered Person has a personal or busi	ness interest for which disclosure		
	East High School	l girls basketball assis	tant coach			
	Covered person's status,	relationship or commitment to th	e institution, entity, business or person named	above		
	840 S 1300 E SL	.C, UT 84102				
	Address and phone numb	per of the institution, entity, busin	ess or person named above	6		
C.	Select the category that	applies to yourself and the outsic	le institution, entity, business or person identifi	ed in subsection (B) above:		
			assisting a person or business entity in a transac			
	I am an officer, dire	_	ner 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 does or anticipates doing business with Solve County.				
	I hold an investmer		reates a potential or actual conflict with my pu ctual conflict with my public duties.	blic duties.		
	None of the above					
D.			icts of interest identified above, i.e., the nature essary. (This disclosure statement will not be a			
		l coach at East High school th	at does not conflict with my county job.			
			,,			
de	clare under criminal nena	alty under the law of Utah that the	foregoing is true and correct			
	-	of, 2023	and and and and			
Sigi	ned on the day	of Month, Year,				
S	Salt Lake County Jail					
ıt ==	City or other location, and	d state or county				
	ayne Lee	-				
rin	ted Name					
D١	wayne Lee	Digitally signed by Dwayne Lee Date: 2023.01.24 11:29:28 -07'00'				
_	_					

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 re-

filed every January, as long as the potential conflict exists.

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.	Gene A Tabish Case Manager, Criminal Justice Services	385-468-3529			
	Covered Person Position, or County Division for which you are employed or volunteering	County/Volunteer's Phone			
	145 East 1300 South, #501, Salt Lake City, Utah 84115				
	Covered Person's County Address/Volunteer's Address				
В.	Discovery Cove Home Owners Association				
	Outside institution, entity, private business or person in which the Covered Person has a personal or busis required in the above section	iness interest for which disclosure			
	Board Member				
	Covered person's status, relationship or commitment to the institution, entity, business or person named	above			
	11238 Wyngate Lane P.O.Box 571885, Salt Lake City, UT 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 identif	ied in subsection (B) above:			
	I receive or have agreed 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 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	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 properties.	ublic 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 a member of the board of the homeowner's association. I am not compensated for this	position.			
I de	eclare under criminal penalty under the law of Utah that the foregoing is true and correct.				
	gned on the day of, 2023				
Sig	Date Month , Year,				
	Murray, Utah				
at _	City or other location, and state or county				
Ge	ene A Tabish				
Prin	nted Name				
G	ene Tabish Digitally signed by Gene Tabish Date: 2023.02.02 11:53:59 -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.} Heidi Marks	Section Manager,	, Criminal Justice Services	385-468-4323			
Covered Person	Position, or County Divisi	on for which you are employed or volunteering	County/Volunteer's Phone			
145 East 1300) South, Suite 501 Sal	lt Lake City, UT 84115-6141				
Covered Person's Co	ounty Address/Volunteer's Addre	ess				
B. Clinical Consu	ıltants					
		in which the Covered Person has a personal or bus	iness interest for which disclosure			
Employed as	a Substance Abuse C	ounselor				
Covered person's sta	tus, relationship or commitment	to the institution, entity, business or person named	above			
7601 S. Redw	ood Rd, West Jordan	, UT 84088, 801-233-8670				
Address and phone n	umber of the institution, entity,	business or person named above	•			
C. Select the category t	that applies to yourself and the c	outside institution, entity, business or person identif	ied in subsection (B) above:			
		n for assisting a person or business entity in a transa				
_		c owner of a substantial interest in a business entity	•			
Lake County.	~					
I am an officer, Salt Lake Coun		ner of a substantial interest in a business entity that	does or anticipates doing business w			
I hold an invest	ment or other financial interest t	that creates a potential or actual conflict with my pu	ablic duties.			
=	I hold a personal interest that creates a potential or actual conflict with my public duties.					
X None of the abo	ove 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. (This disclosure statement will not be accepted as valid unless this section is completed.)					
I facilitate substan	ce abuse groups 3 times per CJS in attendance.	week at Clinical Consultants that potentially ha	ave clients that are on			
	•	at the foregoing is true and correct.				
Signed on the 26	day of, 2023					
Date	Month Year					
Taylorsville, UT						
City or other location,	and state or county					
leidi Kenney Marks						
rinted Name						
Heidi Kenney Ma	rks Digitally signed by Heidi Kenney Ma Date: 2023.01.26 14:28:00 -07'00'	arks				
ignature						

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. Jacqueille Le	ilei Cilifiliai J	ustice services	303-400-3430		
Covered Person	Position, or Co	unty Division for which you are employed or volunt	teering County/Volunteer's Phone		
145 E 1300 S	, suite 501, Sa	lt Lake City Utah 84115			
Covered Person's C	ounty Address/Volun	teer's Address	-		
3. Aspen Magda	alene House				
		s or person in which the Covered Person has a person	onal or business interest for which disclosure		
Volunteer for	program devel	opment at a home for victims of hur	man trafficking		
Covered person's st	atus, relationship or c	ommitment to the institution, entity, business or per-	son named above		
no physical lo	cation, (385) 2	87-5910			
Address and phone	number of the institut	ion, entity, business or person named above			
C. Select the category	that applies to yourse	elf and the outside institution, entity, business or per-	son identified in subsection (B) above:		
_		ompensation for assisting a person or business entity			
200	-	loyee or the owner of a substantial interest in a busin			
		loyee or owner of a substantial interest in a business	entity that does or anticipates doing business w		
I hold an inves	I hold an investment or other financial interest that creates a potential or actual conflict with my public duties.				
		s a potential or actual conflict with my public duties			
	ove 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> .)				
		ommunity providers/partners/stakeholders in the OA detox, Project Reality, etc.	e volunteer position as I do with		
declare under criminal	nenalty under the law	of Utah that the foregoing is true and correct.			
25	day of January				
igned on the Date	Month	Year			
Salt Lake County, U					
City or other location					
	, some or country				
P					
Printed Name					

(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 Monson	Human Resources C	coordinator, CJS	385-468-3535			
1 1.	Covered Person	Position, or County Division for	or which you are employed or volunteering	County/Volunteer's Phone			
	145 East 1300 S	outh, Salt Lake City U	tah 84115				
	Covered Person's County	Address/Volunteer's Address		*			
В.	Oquirrh Recreation	on and Parks District					
υ.	Outside institution, entity is required in the above se		hich the Covered Person has a personal or busine	ess interest for which disclosure			
	Board of Trustee						
	Covered person's status, r	relationship or commitment to th	e institution, entity, business or person named at	oove			
	5658 South Coug	gar Lane, Kearns Utah	84118 - 801-966-5555				
	Address and phone number	er of the institution, entity, busin	less or person named above	-			
C.	Select the category that a	applies to yourself and the outsic	le institution, entity, business or person identified	l in subsection (B) above:			
	I receive or have agr	reed to receive compensation for	assisting a person or business entity in a transacti	on involving Salt Lake County.			
		ctor, agent, employee or the own	ner of a substantial interest in a business entity th	at is subject to the regulation of Salt			
	Lake County. I am an officer, direct	ctor, agent, employee or owner o	of a substantial interest in a business entity that do	es or anticipates doing business with			
	Salt Lake County.						
			creates a potential or actual conflict with my publicual conflict with my public duties.	ic duties.			
	None of the above of	None of the above categories apply.					
D.	Give a detailed description	on of the actual or potential confl	icts 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.)						
		Frustee for the District and ma	ay ask for grant funds from the County.				
			,,,				
	ľ						
I de	clare under criminal penal	ty under the law of Utah that the	e foregoing is true and correct.				
Sin	ned on the 24 day of	January 20223					
Jig	Date day (Month 'Year'					
at _	Salt Lake City, Utah						
	City or other location, and	state or county					
Jef	f Monson						
	ted Name	D. 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
Je	eff Monson	Digitally signed by Jeff Monson Date: 2023.01.24 12:12:46 -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.	Jeff Wade Criminal Justic	ce Services	3854683525				
7	Covered Person Position, or County I	Division for which you are employed or volunteering	County/Volunteer's Phone				
	145 East 1300 South Salt Lake	City, Utah 84115					
	Covered Person's County Address/Volunteer's	Address					
В.	Changes Counseling / Chris Sm	alley					
	Outside institution, entity, private business or pois required in the above section	erson in which the Covered Person has a personal or busin	ess interest for which disclosure				
	I am a Therapist for Changes Co	punseling					
	Covered person's status, relationship or commit	ment to the institution, entity, business or person named a	bove				
	8221 South 700 East Sandy, Ut	ah 84070 801-542-7060					
	Address and phone number of the institution, en	tity, business or person named above					
C.	Select the category that applies to yourself and	the outside institution, entity, business or person identifie	d in subsection (B) above:				
	I receive or have agreed to receive compen	sation for assisting a person or business entity in a transact	tion involving Salt Lake County,				
		or the owner of a substantial interest in a business entity th	nat 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 de	pes or anticipates doing business with				
	Salt Lake County.	.138	-				
		erest that creates a potential or actual conflict with my pub ential or actual conflict with my public duties.	lic 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 sh	eets if necessary. (This disclosure statement will not be ac	cepted as valid unless this section				
	is completed.)	that are on Medicaid who live in assisted living progr	ama I do tagah faur graupa				
	at nights and non of these clients are asso		anis. I do teach lour groups				
			1				
	1		1				
I de	clare under criminal penalty under the law of Ut	ah that the foregoing is true and correct.					
Sig	ned on the day of January , 20	23					
_	Date Month Yes	r '					
at _	Salt Lake City, Utah						
C	City or other location, and state or county						
Jef	Wade						
	ted Name						
Je	effrey Wade Digitally signed by Jeffre Date: 2023.01.26 11:33:						

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.	John Holdaway	Case Man	ager, Crimi	nal Justice Services	385-468-3578
Λ.	Covered Person	Position, or Cou	inty Division for	which you are employed or volunteering	County/Volunteer's Phone
	145 E 1300 S, Sa	alt Lake City	, UT 8411	5	
	Covered Person's County	Address/Volunt	eer's Address		
В.	Valley Behaviora	l Health, CO	ORE progra	m	
٠.	Outside institution, entity is required in the above se		or person in wh	nich the Covered Person has a personal or bus	iness interest for which disclosure
	Part-Time Week	end Graveya	ard Technic	cian	
	Covered person's status,	relationship or co	mmitment to the	institution, entity, business or person named	above
	443 S 600 E, Sal	t Lake City,	UT 84102	/ 801-536-6523	
	Address and phone numb	er of the institution	on, entity, busin	ess or person named above	
C.	Select the category that	applies to yoursel	f and the outside	e institution, entity, business or person identif	ied in subsection (B) above:
	I receive or have ag	reed to receive co	mpensation for	assisting a person or business entity in a transa	ction involving Salt Lake County.
	I am an officer, dire	ector, agent, empl	oyee or the own	er of a substantial interest in a business entity	that is subject to the regulation of Salt
		ctor, agent, emple	oyee or owner of	a substantial interest in a business entity that	does or anticipates doing business with
	Salt Lake County.	t or other financi	al interest that o	reates a potential or actual conflict with my po	ublic duties
				ctual conflict with my public duties.	iono dutios.
	None of the above of	categories apply.			
D.				cts of interest identified above, i.e., the nature essary. (This disclosure statement will not be described)	
	a position to make ref	errals to this pro a result of my o	ogram as a cas luties. As the v	f interest with either the County or Valley e manager with CJS, and my interactions reekend graveyard staff (midnight-to-eigh	with clients is minimal and
I de	clare under criminal penal	lty under the law	of Utah that the	foregoing is true and correct.	
	24th	lonuone	2023	rotegoing is true and correct.	
Sig	ned on the Date day	Month	Year		
	Salt Lake County				
at _	City or other location, and	state or county			
Joh	n Erik Holdaway				
	ted Name				
Εı	ik Holdaway	Digitally signed by Date: 2023.01.24			

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 Division Director, Criminal Justice Services	3854683425					
	Covered Person Position, or County Division for which you are employed or volunteering 145 E 1300 S Suite 501, SLC, UT 84115	County/Volunteer's Phone					
	Covered Person's County Address/Volunteer's Address						
В.	American Probation and Parole Association (APPA)						
	Outside institution, entity, private business or person in which the Covered Person has a personal or b is required in the above section	usiness interest for which disclosure					
	State Board Representative						
	Covered person's status, relationship or commitment to the institution, entity, business or person name	ed above					
	145 E 1300 S Suite 501, SLC, UT 84115						
	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 iden I receive or have agreed to receive compensation for assisting a person or business entity in a trar						
	I am an officer, director, agent, employee or the owner of a substantial interest in a business entity						
	Lake County.	ty that is subject to the regulation of San					
	I am an officer, director, agent, employee or owner of a substantial interest in a business entity the	at 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 entity or person with the County. Use more sheets if necessary. (<i>This disclosure statement will not b is completed.</i>)						
	State Board Representative for APPA. To continued education, advocacy, and professional corrections professionals. Support national trainings that include county employees attending						
l de	clare under criminal penalty under the law of Utah that the foregoing is true and correct.						
Sign	ned on the 24 day of January , 2023 ,						
- B	Date Month 'Year'						
s at _	Salt Lake City, UT						
	City or other location, and state or county						
Kel	e Griffone						
rin	ated Name						
Ke	ele Griffone Digitally signed by Kele Griffone Date: 2023.01.24 12:45:35 -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*.)

Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phon 145 E 1300 S Suite 501, SLC, UT 84115 Covered Person's County Address/Volunteer's Address Criminal Justice Advisory Council (CJAC) Outside institution, entity, private business or person in which the Covered Person has a personal or business interest for which disclose is required in the above section Member Covered person's status, relationship or commitment to the institution, entity, business or person named above Mayor's Office of Criminal Justice Initiatives 2001 South State Street N4-930 PO Box 1445. 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 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 and the properties of the relationship of each business detailed description of the actual or potential conflicts of interest identified above, i.e., the nature of the relationship of each business detailed description of the actual or potential conflicts of interest identified above, i.e., the nature of the relationship of each business detailed description of the actual or potential conflicts of interest identified above, i.e., the nature of the relationship of each business and the present of	A. Kele Griffone	Division Dir	ector, Criminal Justice Services	3854683425		
Covered Person's County Address/Volunteer's Address Criminal Justice Advisory Council (CJAC) Outside institution, entity, private business or person in which the Covered Person has a personal or business interest for which disclosi is required in the above section Member Covered person's status, relationship or commitment to the institution, entity, business or person named above Mayor's Office of Criminal Justice Initiatives 2001 South State Street N4-930 PO Box 1445; 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 Lake County. I had an investment or other financial interest that creates a potential or actual conflict with my public duties. I hold an investment or other financial 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 busicentity or person with the County. Use more sheets if necessary. (This disclosure statement will not be accepted as valid unless this sects completed.) Member of Advisory Council I declare under criminal penalty under the law of Utah that the foregoing is true and correct. Signed on the 18		Position, or Coun	ty Division for which you are employed or volunt	eering County/Volunteer's Phone		
Outside institution, entity, private business or person in which the Covered Person has a personal or business interest for which disclost is required in the above section Member Covered person's status, relationship or commitment to the institution, entity, business or person named above Mayor's Office of Criminal Justice Initiatives 2001 South State Street N4-930 PO Box 14457 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 Count I am an officer, director, agent, employee or the owner of a substantial interest in a business entity that is subject to the regulation Lake County. I am an officer, director, agent, employee or owner of a substantial interest in a business entity that does or anticipates doing busins Salt Lake County. I hold an investment or other financial 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 businity or person with the County. Use more sheets if necessary. (This disclosure statement will not be accepted as valid unless this sec is completed.) Member of Advisory Council I declare under criminal penalty under the law of Utah that the foregoing is true and correct. Signed on the 18 day of January 7 2023 / Month 7 Year 7 2021 / Year 7 2022 / Year 7 2023 / Yea	145 E 1300 S	Suite 501, SLC	, UT 84115			
Outside institution, entity, private business or person in which the Covered Person has a personal or business interest for which disclosis required in the above section Member Covered person's status, relationship or commitment to the institution, entity, business or person named above Mayor's Office of Criminal Justice Initiatives 2001 South State Street N4-930 PO Box 1445; Address and phone number of the institution, entity, business 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 a business entity that is subject to the regulation Lake County. I hold an investment or other financial interest that creates a potential or actual conflict with my public duties. None of the above categories apply. O. Give a detailed description of the actual or potential conflicts of interest identified above, i.e., the nature of the relationship of each busic 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.) Member of Advisory Council declare under criminal penalty under the law of Utah that the foregoing is true and correct. Signed on the 18	Covered Person's (ounty Address/Voluntee	r's Address			
Member Covered person's status, relationship or commitment to the institution, entity, business or person named above Mayor's Office of Criminal Justice Initiatives 2001 South State Street N4-930 PO Box 14457 Address and phone number of the institution, entity, business or person named above 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 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 Salt Lake County. I hold an investment or other financial 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 busic entity or person with the County. Use more sheets if necessary. (This disclosure statement will not be accepted as valid unless this sect is completed.) Member of Advisory Council declare under criminal penalty under the law of Utah that the foregoing is true and correct. Signed on the 18 day of January 7023 Agents 18 Ag	B. Criminal Just	ice Advisory Coι	incil (CJAC)			
Covered person's status, relationship or commitment to the institution, entity, business or person named above Mayor's Office of Criminal Justice Initiatives 2001 South State Street N4-930 PO Box 1445. Address and phone number of the institution, entity, business or person named above 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 Lake County. I land an officer, director, agent, employee or owner of a substantial interest in a business entity that does or anticipates doing busine Salt Lake County. I hold an investment or other financial interest that creates a potential or actual conflict with my public duties. None of the above categories apply. Office a detailed description of the actual or potential conflicts of interest identified above, i.e., the nature of the relationship of each busing the conflict of the county. Use more sheets if necessary. (This disclosure statement will not be accepted as valid unless this sec is completed.) Member of Advisory Council declare under criminal penalty under the law of Utah that the foregoing is true and correct. Salt Lake City, UT City or other location, and state or county	Outside institution,		or person in which the Covered Person has a person	nal or business interest for which disclosure		
Mayor's Office of Criminal Justice Initiatives 2001 South State Street N4-930 PO Box 1445. Address and phone number of the institution, entity, business or person named above Select the category that applies to yourself and the outside institution, entity, business or person identified in subsection (B) above: Treceive 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 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 Salt Lake County. I hold an investment or other financial 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 businentity or person with the County. Use more sheets if necessary. (This disclosure statement will not be accepted as valid unless this sect is completed.) Member of Advisory Council Member of Advisory Council Salt Lake City, UT City or other location, and state or county	Member					
Address and phone number of the institution, entity, business or person named above 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 Count. I am an officer, director, agent, employee or the owner of a substantial interest in a business entity that is subject to the regulation 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 Salt Lake County. I hold an investment or other financial interest that creates a potential or actual conflict with my public duties. None of the above categories apply. Office a detailed description of the actual or potential conflicts of interest identified above, i.e., the nature of the relationship of each busic entity or person with the County. Use more sheets if necessary. (This disclosure statement will not be accepted as valid unless this sec is completed.) Member of Advisory Council declare under criminal penalty under the law of Utah that the foregoing is true and correct. igned on the 18 day of January 2023 Month 7 Year Salt Lake City, UT City or other location, and state or county	Covered person's s	atus, relationship or com	mitment to the institution, entity, business or pers	on named above		
Select the category that applies to yourself and the outside institution, entity, business or person identified in subsection (B) above: Treceive 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 Lake County. I am an officer, director, agent, employee or owner of a substantial interest in a business entity that does or anticipates doing businessalt 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. Give a detailed description of the actual or potential conflicts of interest identified above, i.e., the nature of the relationship of each busing the completed.) Member of Advisory Council Member of Advisory Council	Mayor's Offic	e of Criminal Jus	tice Initiatives 2001 South State S	treet N4-930 PO Box 144575		
I receive or have agreed to receive compensation for assisting a person or business entity in a transaction involving Salt Lake Count I am an officer, director, agent, employee or the owner of a substantial interest in a business entity that is subject to the regulation 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 Salt Lake County. I hold an investment or other financial 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 businentity or person with the County. Use more sheets if necessary. (This disclosure statement will not be accepted as valid unless this section is completed.) Member of Advisory Council declare under criminal penalty under the law of Utah that the foregoing is true and correct. Signed on the 18 day of January Aonth A	Address and phone	number of the institution	, entity, business or person named above			
I receive or have agreed to receive compensation for assisting a person or business entity in a transaction involving Salt Lake Count I am an officer, director, agent, employee or the owner of a substantial interest in a business entity that is subject to the regulation 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 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. Give a detailed description of the actual or potential conflicts of interest identified above, i.e., the nature of the relationship of each businentity or person with the County. Use more sheets if necessary. (This disclosure statement will not be accepted as valid unless this section is completed.) Member of Advisory Council declare under criminal penalty under the law of Utah that the foregoing is true and correct. Salt Lake City, UT City or other location, and state or county	C. Select the category	that applies to yourself	and the outside institution, entity, business or pers	son identified in subsection (B) above:		
I am an officer, director, agent, employee or the owner of a substantial interest in a business entity that is subject to the regulation Lake County. I am an officer, director, agent, employee or owner of a substantial interest in a business entity that does or anticipates doing businessalt Lake County. I hold an investment or other financial 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 busic entity or person with the County. Use more sheets if necessary. (This disclosure statement will not be accepted as valid unless this sec is completed.) Member of Advisory Council Member of Advisory Council declare under criminal penalty under the law of Utah that the foregoing is true and correct. igned on the 18 Date day of January 7023 Month 7 Year Salt Lake City, UT City or other location, and state or county						
I am an officer, director, agent, employee or owner of a substantial interest in a business entity that does or anticipates doing business 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. O. Give a detailed description of the actual or potential conflicts of interest identified above, i.e., the nature of the relationship of each businentity or person with the County. Use more sheets if necessary. (This disclosure statement will not be accepted as valid unless this sec is completed.) Member of Advisory Council declare under criminal penalty under the law of Utah that the foregoing is true and correct. signed on the 18 day of January Month 7 year 7. Salt Lake City, UT City or other location, and state or county		_				
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. Give a detailed description of the actual or potential conflicts of interest identified above, i.e., the nature of the relationship of each busic entity or person with the County. Use more sheets if necessary. (This disclosure statement will not be accepted as valid unless this sec is completed.) Member of Advisory Council declare under criminal penalty under the law of Utah that the foregoing is true and correct. signed on the 18 day of January 2023 Month 7 Year Salt Lake City, UT City or other location, and state or county	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. Give a detailed description of the actual or potential conflicts of interest identified above, i.e., the nature of the relationship of each busic 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.) Member of Advisory Council declare under criminal penalty under the law of Utah that the foregoing is true and correct. Gigned on the 18 Date day of January 7023 Month 7 Year. Salt Lake City, UT City or other location, and state or county			ee or owner of a substantial interest in a business e	entity that does or anticipates doing business w		
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 busic entity or person with the County. Use more sheets if necessary. (This disclosure statement will not be accepted as valid unless this sec is completed.) Member of Advisory Council declare under criminal penalty under the law of Utah that the foregoing is true and correct. igned on the 18 day of January 2023 / Month Year. Salt Lake City, UT City or other location, and state or county	I hold an inve	stment or other financial				
Give a detailed description of the actual or potential conflicts of interest identified above, i.e., the nature of the relationship of each busicentity or person with the County. Use more sheets if necessary. (This disclosure statement will not be accepted as valid unless this section is completed.) Member of Advisory Council declare under criminal penalty under the law of Utah that the foregoing is true and correct. igned on the 18 day of January 7023 7000 7000 7000 7000 7000 7000 7000						
entity or person with the County. Use more sheets if necessary. (This disclosure statement will not be accepted as valid unless this sec is completed.) Member of Advisory Council declare under criminal penalty under the law of Utah that the foregoing is true and correct. igned on the 18		None of the above categories apply.				
Member of Advisory Council declare under criminal penalty under the law of Utah that the foregoing is true and correct. Signed on the 18 day of January 2023 / Year , Salt Lake City, UT t City or other location, and state or county	entity or person w	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>)				
Signed on the 18 day of January , 2023 / Month , Year , Ealt Lake City, UT / City or other location, and state or county		ory Council				
Signed on the 18 day of January 72023 Month 7Year, Salt Lake City, UT City or other location, and state or county						
Signed on the 18 day of January 72023 Month 7Year, Salt Lake City, UT City or other location, and state or county						
Signed on the 18 day of January , 2023 / Month , Year , Ealt Lake City, UT / City or other location, and state or county	1					
Salt Lake City, UT City or other location, and state or county						
Signed on the 18 day of January , 2023 / Month , Year , Ealt Lake City, UT / City or other location, and state or county						
Signed on the 18 day of January , 2023 / Month , Year , Ealt Lake City, UT / City or other location, and state or county						
Signed on the 18 day of January 72023 Month 7Year, Salt Lake City, UT City or other location, and state or county						
Signed on the 18	declare under crimina	penalty under the law o	Utah that the foregoing is true and correct.	=======================================		
Date Month Year Salt Lake City, UT City or other location, and state or county		January	2023			
City or other location, and state or county			Year			
City or other location, and state or county						
rele Griffone		ı, and state or county				
		•				
rinted Name						
Kele Griffone Digitally signed by Kele Griffone Date: 2023.01.18 10:44:12 -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	Division Director		385-468-3483		
1.	Covered Person	Position, or County Division for	or which you are employed or volunteering	County/Volunteer's Phone		
	145 E 1300 S S	te 501, SLC, UT 84115				
	Covered Person's Cour	ty Address/Volunteer's Address				
В.	Grigio Equipme	nt LLC				
	Outside institution, enti- is required in the above		hich the Covered Person has a personal or busi	ness interest for which disclosure		
	Member	section				
		relationship or commitment to the	ne institution, entity, business or person named	above		
		The second secon				
	Address and phone nun	iber of the institution, entity, busin	ness or person named above			
C.	Select the category tha	at applies to yourself and the outside	le institution, entity, business or person identifi	ad in subsection (R) above:		
С.	The state of the s	THE RESIDENCE AND THE PROPERTY OF THE	assisting a person or business entity in a transac	to a manage of the contract of		
	The state of the s	Street and the street of the s	ner of a substantial interest in a business entity	the state of the s		
	Lake County.	Carried Section 272 Section 2011 Charles	CONTRACTOR			
	Salt Lake County		of a substantial interest in a business entity that	does or anticipates doing business wi		
			creates a potential or actual conflict with my pu	blic duties.		
	34 101 (1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	I hold a personal interest that creates a potential or actual conflict with my public duties.				
		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. (This disclosure statement will not be accepted as valid unless this section is completed.)					
		is completed.) No conflict as no business is conducted with Salt Lake County				
	1					
I d	eclare under criminal per	nalty under the law of Utah that the	foregoing is true and correct.			
Sig	med on the da	y of 2/2/23				
	Date	Month Year				
at -	SLC, UT					
1	City or other location, a	nd state or county				
Ke	ele Griffone					
	nted Name	DI W. H				
K	ele Griffone	Digitally signed by Kele Griffone Date: 2023.02.02 13:34:03 -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	Division Director	385-468-3483				
Covered Person	Position, or County Division for which you are employed of	or volunteering County/Volunteer's Phone				
145 E 1300 S S	te 501, SLC, UT 84115					
Covered Person's Coun	ty Address/Volunteer's Address					
_{B.} Italian Fields, Ll	_C					
	ty, private business or person in which the Covered Person has section	s a personal or business interest for which disclosure				
Member						
Covered person's status	, relationship or commitment to the institution, entity, busines	s or person named above				
Address and phone nun	ber of the institution, entity, business or person named above					
C. Select the category tha	t applies to yourself and the outside institution, entity, busines	s or person identified in subsection (B) above:				
The second secon	greed to receive compensation for assisting a person or busines	THE RESERVE OF THE RESERVE OF THE PROPERTY OF				
I am an officer, di	rector, agent, employee or the owner of a substantial interest in	n a business entity that is subject to the regulation of Sal				
I am an officer, di	rector, agent, employee or owner of a substantial interest in a b	usiness entity that does or anticipates doing business wi				
Salt Lake County		conflict with my public 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.					
X None of the above	categories apply.					
entity or person with the	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 considered.)					
	is completed.) No conflict as no business is conducted with Salt Lake County					
Tto commer as no bu	mico io conducted with our cure county					
	The state of the s					
deciare under criminal per	alty under the law of Utah that the foregoing is true and correct	et.				
Signed on the da	y of					
	Month Year					
SLC, UT						
City or other location, as	id state or county					
Kele Griffone						
rinted Name						
Kele Griffone	Digitally signed by Kele Griffone Date: 2023.02.02 13:35:52 -07'00'					
. 110						

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	Division Director		385-468-3483	
	Covered Person	Position, or County Division for	which you are employed or volunteering	County/Volunteer's Phone	
	145 E 1300 S S	te 501, SLC, UT 84115	The second secon	The second secon	
	Covered Person's Coun	ty Address/Volunteer's Address			
В.	Legacy Plus 13,	, LLC			
Δ.	Outside institution, enti- is required in the above		ich the Covered Person has a personal or busi	ness interest for which disclosure	
	Owner				
	Covered person's status	, relationship or commitment to the	institution, entity, business or person named	above	
	Address and phone num	ber of the institution, entity, busine	ess or person named above		
C.	Select the category tha	t applies to yourself and the outsid	institution, entity, business or person identifi	ed in subsection (B) above:	
	The state of the s	The second secon	assisting a person or business entity in a transac	SOUTH A PROPERTY OF THE PROPER	
			er 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 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.				
	X None of the above	7:			
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.)				
		siness is conducted with Salt La	ke County		
	THE PERSON NAMED IN PROPERTY OF PERSON		and the contract of the contra		
I de	clare under criminal pen	alty under the law of Utah that the	foregoing is true and correct.		
		2/2/23			
Sig	ned on the day	y of, Year , Year			
. 5	Salt Lake City,	UT			
1t —	ity or other location, ar				
	ele Griffone				
	ted Name	Digitally signed by Kala Office			
Kε	ele Griffone	Digitally signed by Kele Griffone Date: 2023.02.02 13:19:16 -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 Kele Griffone Division Director 385-468-3483

-	PARTY DE-DESCRIPTION DE DESCRIPTION DE LA CONTRACTION DE LA				
	Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone				
	145 E 1300 S Ste 501, SLC, UT 84115				
	Covered Person's County Address/Volunteer's Address				
В.	Sides Construction, LLC				
	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				
	Member				
	Covered person's status, relationship or commitment to the institution, entity, business 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 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.				
-	X 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.)				
	No conflict as no business is conducted with Salt Lake County				
	THE THE THE TAX AND THE THE TAX AND THE TA				
	·				
I de	clare under criminal penalty under the law of Utah that the foregoing is true and correct.				
Sin	ned on the day of				
Sigi	Date Month Year				
. 5	SLC, UT				
at	ity or other location, and state or county				
Ke	ele Griffone				
Prin	ted Name				
11	ele Griffone Digitally signed by Kele Griffone Date: 2023.02.02 13:25:12 -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. Kellie Madsen Criminal Justice Services 385-438-8662

	Covered Person 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			
В.	KM Coaching LLC			
	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			
	Owner			
	Covered person's status, relationship or commitment to the institution, entity, business or person named above			
	520 S. 500 E. Unit 316 SLC, UT 84102 801-913-339			
	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.)			
	N/A			
I de	clare under criminal penalty under the law of Utah that the foregoing is true and correct.			
Sig	ned on the $\frac{31}{\text{Date}}$ day of $\frac{\text{January}}{\text{Month}}$, $\frac{2023}{\text{Year}}$,			
at S	South Salt Lake City, UT			
at _	City or other location, and state or county			
Kel	lie Madsen			
Prin	ted Name			

(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 Cluff Case Manager, Criminal Justice Services Division 385-468-3500 Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone 145 E. 1300 S., Salt Lake City, UT 84115 Covered Person's County Address/Volunteer's Address Salt Lake Community College Outside institution, entity, private business or person in which the Covered Person has a personal or business interest for which disclosure Adjunct Faculty: Psychology Department Covered person's status, relationship or commitment to the institution, entity, business or person named above 4600 S. Redwood Rd., Salt Lake City, UT 84123 | 801-957-7522 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.) As adjunct faculty at SLCC, I may interact with students who at one point or another may have had involvement with one of the various services offered by Criminal Justice Services. I declare under criminal penalty under the law of Utah that the foregoing is true and correct. day of January Signed on the 24 Salt Lake City, UT City or other location, and state or county Kenia Cluff Printed Name Digitally signed by Kenia Cluff Kenia Cluff

Signature

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: 2023.01.24 12:57:54 -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*.)

Α.	Kristina Pulsiphe Criminal Justice Services Program Services Coordinate 385-468-3541			
	Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone			
	145 E. 1300 S. #501, SLC, UT 84115			
	Covered Person's County Address/Volunteer's Address			
В.	Ruff Haven Crisis Sheltering			
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			
	Executive Director			
	Covered person's status, relationship or commitment to the institution, entity, business or person named above			
	1370 S. 400 W. Salt Lake City, UT 84115			
	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. (<i>This disclosure statement will not be accepted as valid unless this section is completed.</i>)			
	Ruff Haven Crisis Sheltering provides temporary sheltering for pets of people experiencing a short term crisis, including hospitalization, domestic violence, incarceration, housing insecurity, etc. We do not receive any financial compensation from Salt Lake County. However, we do serve individuals who are clients of Criminal Justice Services or other County organizations.			
I de	clare under criminal penalty under the law of Utah that the foregoing is true and correct.			
Sig	ned on the 26 day of January 2023			
	Date Month 'Year'			
at _	Salt Lake County			
	City or other location, and state or county			
Kris	stina Pulsipher			
Prin	ted Name			
Kr	istina Pulsipher Date: 2023.01.26 12:06:49 -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*.)

Lilian Lopez Salt Lake County Criminal Justice Services 385-468-3592

A		.,			
Covered Person	Position, or County Division fo	r which you are employed or volunteering	County/Volunteer's Phone		
145 East 1300	South, Suite 501 Salt La	ake City, UT 84115			
Covered Person's Cour	Covered Person's County Address/Volunteer's Address				
3. Suncrest Couns	seling				
	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				
MSW-Intern	MSW-Intern				
Covered person's status	s, relationship or commitment to the	e institution, entity, business or person named	above		
	Pkwy Suite 202, South C				
Address and phone nun	nber of the institution, entity, busin	ess or person named above			
Select the category that	at applies to yourself and the outsid	e institution, entity, business or person identific	ed in subsection (B) above:		
I receive or have a	agreed to receive compensation for	assisting a person or business entity in a transact	ction involving Salt Lake County.		
	irector, agent, employee or the own	er of a substantial interest in a business entity	that is subject to the regulation of		
Lake County. I am an officer, di	rector, agent, employee or owner o	f a substantial interest in a business entity that of	loes or anticipates doing business		
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 w Salt Lake County.				
		reates a potential or actual conflict with my pu ctual conflict with my public duties.	blic 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. (This disclosure statement will not be accepted as valid unless this section				
In addition I will be o	conducting individual therapy an	violence assessments as well as making t d group therapy with clients involved in the ation Case Managers at Salt Lake County	e criminal justice system,		
declare under criminal per	nalty under the law of Utah that the	foregoing is true and correct.			
igned on the 24 da	y of, 2023				
Date	Month Year				
Salt Lake City, Utah					
City or other location, a	nd state or county				
ilian Lopez					
rinted Name					
ilian Lopez	Digitally signed by Lilian Lopez Date: 2023.01,24 11:39:29 -07'00'				
ignature .					

(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.) Madisen Drury Associate Director, Criminal Justice Services 385-468-3485 Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone 1300 S 145 E Suite 501, Salt Lake City, UT 84115 Covered Person's County Address/Volunteer's Address USA Water Polo and Utah Water Polo 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 Referee, 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: 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.) 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 sanction process and is approved by the Mountain Zone Chair. I declare under criminal penalty under the law of Utah that the foregoing is true and correct. day of January Signed on the 26 Salt Lake, UT City or other location, and state or county Madisen Drury Printed Name Madisen B. Drury Digitally signed by Madisen B. Drury Date: 2023.01.26 17:37:04 -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. Matthew Howa	ze Case Manager JRRP (Time-Limted)	Salt Lake			
Covered Person	Position, or County Division for which you are employed or volun	nteering County/Volunteer's Phone			
3415 S 900 W	South Salt Lake 84119				
Covered Person's Co	ounty Address/Volunteer's Address	2			
B. getetc.com					
	ntity, private business or person in which the Covered Person has a persove section	sonal or business interest for which disclosure			
Consultant/Sa	les Leader				
Covered person's stat	tus, relationship or commitment to the institution, entity, business or per	rson named above			
This business	operates at a private home and on internet				
Address and phone m	umber of the institution, entity, business or person named above				
C. Select the category t	that applies to yourself and the outside institution, entity, business or per	rson identified in subsection (B) above			
_	e agreed to receive compensation for assisting a person or business entity	` '			
	director, agent, employee or the owner of a substantial interest in a business.				
Lake County.	unector, agent, employee of the owner of a substantial interest in a busin	mess entity that is subject to the regulation of Sa			
I am an officer, Salt Lake Coun	director, agent, employee or owner of a substantial interest in a business atv.	entity that does or anticipates doing business wi			
I hold an invest	ment or other financial interest that creates a potential or actual conflict				
	al interest that creates a potential or actual conflict with my public duties	S.			
None of the abo	ove 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>)				
Although there are	e no direct regulatory issues the entity is required to register and be entity is subject to taxes and licensing requirements per county po				
declare under criminal p	penalty under the law of Utah that the foregoing is true and correct.				
Signed on the 27	day of January , 2023				
Date Date	Month , Year ,				
South Salt Lake					
City or other location,	and state or county				
natthew Howze					
rinted Name					
malle	and bloombe				
Signature	NO S				

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 under penalties of perjury, make the following statement regarding my personal or business interest.	
A. Robert Duncomb Probation Case Manager	385-468-3531
Covered Person Position, or County Division for which you are employed or volunteer	ring County/Volunteer's Phone
145 East 1300 South, Suite 501 Salt Lake City, UT 84115-6141	
Covered Person's County Address/Volunteer's Address	
Buffalo Barbershop in Davis County, UT	
Outside institution, entity, private business or person in which the Covered Person has a personal is required in the above section	or business interest for which disclosure
I am a part-time barber	
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 (385) 515-3645	
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 (R) above
I receive or have agreed to receive compensation for assisting a person or business entity in a	
I am an officer, director, agent, employee or the owner of a substantial interest in a business	
Lake County.	-
I am an officer, director, agent, employee or owner of a substantial interest in a business enti	ity 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	h my public duties.
I hold a personal interest that creates a potential or actual conflict with my public duties.	3,5
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 is completed.)	
I do not see any conflicts as the barbershop I work at 12 hours per week is located in D	Davis County, UT.
I declare under criminal penalty under the law of Utah that the foregoing is true and correct.	
Signed on the 24 day of January 2023	
Signed on the Date day of Month , Zozo , Year ,	
City or other location, and state or county	
or or state resulting and state or country	
Printed Name	
Robert Duncombe Date: 2023 01 24 17:07:29 - 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.	Sarah Benj	Case Manager		3854686302
7	Covered Person	Position, or County Division	or which you are employed or volunteering	County/Volunteer's Phone
	3415 South 900	West, South Salt Lake	e, UT 84119	
	Covered Person's County	y Address/Volunteer's Address		
В.	Utah Parent Cen	iter (UPC)		
ъ.	Outside institution, entity is required in the above s		which the Covered Person has a personal or busi	ness interest for which disclosure
	Intern			
	Covered person's status,	relationship or commitment to t	he institution, entity, business or person named	above
	5296 Commerce	e Dr Suite 302, Murray	y, UT 84107 (801) 272-1051	
	Address and phone numb	per of the institution, entity, bus	ness or person named above	
C.	Select the category that	annlies to yourself and the outs	de institution, entity, business or person identifi	ed in subsection (B) shows:
C.			r assisting a person or business entity in a transac	• • •
	_	<u>-</u>	mer of a substantial interest in a business entity	
	Lake County.	cetor, agent, employee or the ov	ther of a substantial interest in a business entity	mat is subject to the regulation of San
		ector, agent, employee or owner	of a substantial interest in a business entity that of	loes or anticipates doing business with
	Salt Lake County. I hold an investmen	nt or other financial interest that	creates a potential or actual conflict with my pu	blic duties.
			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 relation entity or person with the County. Use more sheets if necessary. (This disclosure statement will not be accepted as verification is completed.)				
		JPC clients. I mainly do rese	arch for UPC,	
I de	clare under criminal pena	lty under the law of Utah that th	e foregoing is true and correct.	
C:-	ned on the 31 day	January 2023		
Sig	ned on the Date day	Month Year		
5	South Salt Lake, Utah			
at _	City or other location, and	d state or county	¥	
80	ah Bani			
	ah Benj ted Name			
x (111)		Digitally signed by Sarah Benj		
C:-	Sorah Berli	Date: 2023.01,31 14:54:02 -07'00'		
Sigi	nature			

(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, Crim	ninal Justice Services	385-468-3539	
7 %.	Covered Person	Position, or County Division f	or which you are employed or volunteering	County/Volunteer's Phone	
	145 E 1300 S S	uite 501 SLC, UT 841	15		
	Covered Person's Count	y Address/Volunteer's Address		——————————————————————————————————————	
В.	Volunteers of An	Volunteers of America, Utah			
	Outside institution, entity is required in the above s		which the Covered Person has a personal or busi	ness interest for which disclosure	
	Board Member				
	Covered person's status,	relationship or commitment to the	he institution, entity, business or person named	above	
	447 West Bearca	at Drive SLC, Utah 84	115 8013639414		
	Address and phone numb	per of the institution, entity, busi	ness or person named above	-	
C.	Select the category that	applies to yourself and the outsi	de institution, entity, business or person identific	ed in subsection (B) above:	
	I receive or have ag	greed to receive compensation for	assisting a person or business entity in a transac	etion involving Salt Lake County.	
	I am an officer, dir	ector, agent, employee or the ow	ner of a substantial interest in a business entity t	hat is subject to the regulation of Sal	
	Lake County.			_	
	Salt Lake County.	ector, agent, employee or owner	of a substantial interest in a business entity that of	loes or anticipates doing business wit	
	I hold an investmen		creates a potential or actual conflict with my pul	blic 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>)				
		rd of Directors. Parts of this r nd or non direct client service	ole I will be volunteering at events and at th	eir programs. This could be	
I de	clare under criminal pena	alty under the law of Utah that the	e foregoing is true and correct.		
Sig	ned on the 25 day	of January , 23			
016	Date	Month 'Year'			
	Salt Lake City				
at _	City or other location, and	d state or county	K.		
Tai	a Bennion				
Prin	ted Name				
Ta	ara Bennion	Digitally signed by Tara Bennion Date: 2023.01.25 09:50:53 -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.	Salmoa Amosa Criminal Justice Service	385-468-3500		
/ 1.	Covered Person Position, or County Division for which you are employed or volunteering	County/Volunteer's Phone		
	145 East 1300 South, Salt Lake City, Utah 84115			
	Covered Person's County Address/Volunteer's Address			
В.	Walmart Supercenter			
υ.	Outside institution, entity, private business or person in which the Covered Person has a personal or bus is required in the above section	iness interest for which disclosure		
	Employee			
	Covered person's status, relationship or commitment to the institution, entity, business or person named	above		
	99 West 1280 North, Tooele, Utah 84074			
	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	. , , , ,		
	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 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.)			
	Lhanna wadina akiwata in tanka ka k			
	I began working at Walmart prior to the holiday seasons of 2022 as a seasonal temp position accept a part time position and continue to work shifts outside of my normal scheduled hours.			
	My schedule at Walmart consist of Weekend availability and closing hours if possible during t	ho wookdows		
	liviy schedule at Walmart consist of Weekend availability and closing nodis if possible during t	ne weekdays.		
I de	eclare under criminal penalty under the law of Utah that the foregoing is true and correct.			
Sig	ned on the day of January , 2023,			
	Date Month Year			
at 🗕	Salt Lake County			
(City or other location, and state or county			
Sai	moa Amosa			
	nted Name			
S	aimoa Amosa Digitally signed by Saimoa Amosa Date: 2023.01.27 10:03:08 -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*.)

₄ Terese Natalie T⊢CJS	385-468-8756		
Covered Person Position, or County Division for which you are employed or volunteering	County/Volunteer's Phone		
3415 South 900 West, South Salt Lake, 84119			
Covered Person's County Address/Volunteer's Address	=======================================		
_{3.} Lyft			
Outside institution, entity, private business or person in which the Covered Person has a personal or bus is required in the above section	iness interest for which disclosure		
Ride Share Driver			
Covered person's status, relationship or commitment to the institution, entity, business or person named	above		
185 Berry Street, Suite 5000 San Francisco, CA 94107 USA			
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. 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.	ione 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>)			
Part time Lyft driver. No conflict forseen.			
declare under criminal penalty under the law of Utah that the foregoing is true and correct.			
igned on the 25 day of January 2023			
Date Month , Year			
Salt Lake County			
City or other location, and state or county			
. Natalie Thompson			
rinted Name			
Vatalie Thompson Date: 2023.01.25 16:10:13 -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.	Vaniah Picasso	Criminal Justice S	Services	385-468-3500
11.	Covered Person	Position, or County Divisi	on for which you are employed or volunteering	County/Volunteer's Phone
	145 E 1300 S ST	E 501		
	Covered Person's County	Address/Volunteer's Addr	ess	
В.	The Depot/Livens	ation		
ъ.	Outside institution, entity is required in the above se		in which the Covered Person has a personal or bus	iness interest for which disclosure
	Security			
	Covered person's status,	relationship or commitment	to the institution, entity, business or person named	above
	13 N 400 W			
	Address and phone numb	er 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 ag	reed to receive compensation	n for assisting a person or business entity in a transa	ection involving Salt Lake County.
		ector, agent, employee or the	e owner of a substantial interest in a business entity	that is subject to the regulation of Salt
	Lake County.	ctor, agent, employee or ow	mer of a substantial interest in a business entity that	does or anticipates doing business with
	Salt Lake County.			-
			that creates a potential or actual conflict with my pole or actual conflict with my public duties.	ablic duties.
	None of the above of	_	to a design commer with my public duries.	
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.)			-
				1
				1
I de	clare under criminal pena	lty under the law of Utah th	at the foregoing is true and correct.	
Sig	ned on the 24 day	of January 2023		
6	Date	Month Year	,	
at _	Salt Lake City, Utah 841	15		
	City or other location, and	l state or county		
Vai	niah Picasso			
Prin	ted Name			
Va	aniah Picasso	Digitally signed by Vaniah Pic Date: 2023.01.24 11:40:47 -0	asso 7'00'	

(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 Jonathan Sto	ut CJS, crimina	al justice services	385.468.3466	
Covered Person	Position, or Count	y Division for which you are employed or volunte	ering County/Volunteer's Phone	
145 E 1300 S	, Salt Lake City,	UT 84115		
Covered Person's Co	ounty Address/Volunteer	's Address		
B. Pioneer Roofi	ng Co, (my pare	nt's family business		
		r person in which the Covered Person has a person	al or business interest for which disclosure	
office help, tra	inslation, bids/ins	spections		
Covered person's sta	tus, relationship or com	mitment to the institution, entity, business or perso	on named above	
7041 S 2700	E SLC UT 84121			
Address and phone r	umber of the institution,	entity, business or person named above		
C. Select the category	that applies to yourself a	and the outside institution, entity, business or person	on identified in subsection (B) above:	
I receive or have	e agreed to receive com	pensation for assisting a person or business entity in	n a transaction involving Salt Lake County.	
	, director, agent, employ	ee 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, employ	ee or owner of a substantial interest in a business en	ntity that does or anticipates doing business with	
Salt Lake Cour	-		id	
		interest that creates a potential or actual conflict w potential or actual conflict with my public duties.	ith my public duties.	
None of the ab	ove 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> .)			
n/a				
11/4				
I declare under criminal	penalty under the law of	Utah that the foregoing is true and correct.		
Signed on the 9th	day of ,	2023		
Date	Month ,	Year,		
Salt Lake City, UT				
at City or other location	, and state or county			
Paul Jonathan Stout				
Printed Name				
Paul Stout	Digitally signed by P Date: 2023.02.09 10			

Signature