(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*.)

_{\.} Alisha Salinas	Criminal Justice Services	385-468-3514
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	
Covered Person's Count	ty Address/Volunteer's Address	
3. Assessment and	d Referral Services	
	y, private business or person in which the Covered Person has a personal or businession	iness interest for which disclosure
Part Time SW		
Covered person's status	, relationship or commitment to the institution, entity, business or person named	above
450 S 900 E SL	CUT	
Address and phone num	ber of the institution, entity, business or person named above	
. Select the category tha	t applies to yourself and the outside institution, entity, business or person identifi	ied in subsection (B) above:
I receive or have a	greed to receive compensation for assisting a person or business entity in a transa	ction involving Salt Lake County.
I am an officer, di	rector, agent, employee or the owner of a substantial interest in a business entity	
Lake County. I am an officer, dir	rector, agent, employee or owner of a substantial interest in a business entity that	does or anticipates doing business w
Salt Lake County.		-
	ent or other financial interest that creates a potential or actual conflict with my punterest that creates a potential or actual conflict with my public duties.	iblic duties.
None of the above	•	
	tion of the actual or potential conflicts of interest identified above, i.e., the nature ne County. Use more sheets if necessary. (<i>This disclosure statement will not be a</i>	
I work part time condindividual that has C	ducting clinical assessments. To avoid any conflict of interest, I am not so JS involvement.	heduled to meet with any
	allowed and a long of Holy that the forms in the state of	
· · · · · · · · · · · · · · · · · · ·	alty under the law of Utah that the foregoing is true and correct.	
Signed on the $\frac{24}{\text{Date}}$ day	$y \text{ of } \frac{\text{January}}{\text{Month}}, \frac{2022}{\text{Year}},$	
Salt Lake		
Salt Lake	nd state or county	
Salt Lake	nd state or county	

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	Criminal Justice Se	ervices	385-468-3514		
11.	Covered Person	Position, or County Divisio	n for which you are employed or volunteering	County/Volunteer's Phone		
	145 E 1300 S St	e 501 SLC UT 8411	5			
	Covered Person's Count	y Address/Volunteer's Addres	ss			
В.	Odyssey House					
Б.	Outside institution, entity is required in the above s		n which the Covered Person has a personal or bus	iness interest for which disclosure		
	Part Time SW					
	Covered person's status,	relationship or commitment t	o the institution, entity, business or person named	above		
	3148 S 1100 W	SLC UT				
	Address and phone numb	per of the institution, entity, b	usiness or person named above			
C.	Select the category that	applies to yourself and the ou	atside institution, entity, business or person identif	ied in subsection (B) above:		
	I receive or have ag	greed to receive compensation	for assisting a person or business entity in a transa	ction involving Salt Lake County.		
	I am an officer, dir Lake County.	ector, agent, employee or the	owner of a substantial interest in a business entity	that is subject to the regulation of Salt		
	I am an officer, directly.	ector, agent, employee or own	er of a substantial interest in a business entity that	does or anticipates doing business with		
			nat creates a potential or actual conflict with my puor actual conflict with my public duties.	ublic duties.		
	None of the above	categories apply.				
D.		Give a detailed description of the actual or potential conflicts of interest identified above, i.e., the nature 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>)				
		e CATS program conductin vidual that is a participant in	g clinical assessments. To avoid any conflict on a specialty court.	of interest, I am not scheduled		
Ιd	eclare under criminal nen	alty under the law of Utah tha	t the foregoing is true and correct.			
	•	of, 2022,	t the rolegoing is that and consecu			
Sig	gned on the Date day	$\frac{\text{of}}{\text{Month}} \frac{\text{Jo22}}{\text{Year}},$				
at .	Salt Lake					
	City or other location, an	d state or county				
Ali	isha Salinas					
	nted Name					
Α	lisha L. Salina	S Digitally signed by Alisha L. Salir Date: 2022.01.24 09:05:33 -07'0	nas O'			

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. <u></u>	Erik Holdaway	CJS Pre-Trial (Low Risk) Case Manager	385-468-3578
C	Covered Person 145 East 1300 S	Position, or County Division for which you are employed or volunteering South Ste. 501, Salt Lake City, UT 84115	County/Volunteer's Phone
-	Covered Person's Count	y Address/Volunteer's Address	
B. \	/alley Behaviora	al Health, CORE-1 (men's unit)	
C	Outside institution, entity s required in the above s	y, private business or person in which the Covered Person has a personal or busection	siness interest for which disclosure
١	Weekend gravey	/ard seasonal	
C	Covered person's status,	relationship or commitment to the institution, entity, business or person named	d above
4	143 South 600 E	East, Salt Lake City, UT 84102 / 888-949-4864	
Ā	Address and phone number	ber 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 identi	fied in subsection (B) above:
-	I receive or have ag	greed to receive compensation for assisting a person or business entity in a trans	action involving Salt Lake County.
ļ	I am an officer, dir Lake County.	rector, agent, employee or the owner of a substantial interest in a business entity	y that is subject to the regulation of Salt
	I am an officer, dir Salt Lake County.	ector, agent, employee or owner of a substantial interest in a business entity tha	
		nt or other financial interest that creates a potential or actual conflict with my patterest that creates a potential or actual conflict with my public duties.	public duties.
	None of the above	categories apply.	
		ion of the actual or potential conflicts of interest identified above, i.e., the nature County. Use more sheets if necessary. (<i>This disclosure statement will not be</i>	
	treatment recommen county. As a low risk	yard employee with CORE, I have little interaction with the residents and dations or other interventions. These additional work hours do not conflicase manager for Pre-Trial Services I am not asked to make referrals of the ability to direct resources to the organization in question, so there setime employment.	ict with my work hours with the or recommendations for
I dec	lare under criminal pen	alty under the law of Utah that the foregoing is true and correct.	
Sign	ed on the $\frac{20}{\text{Date}}$ day	y of Month, 2022, Year,	
Sa	alt Lake County		
at	ty or other location, an	nd state or county	
	n Erik Holdaway	·	
Print	ed Name ik Holdaway	Digitally signed by Erik Holdaway Date: 2022.01.20 10:32:23 -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 Phone 145 East 1300 South, Suite 501, Salt Lake City, UT 84115-6141 Covered Person's County Address/Volunteer's Address Clinical Consultants Outside institution, entity, private business or person in which the Covered Person has a personal or business interest for which disclosure is required in the above section Part-time employment Covered person's status, relationship or commitment to the institution, entity, business or person named above 7601 S Redwood Rd, West Jordan, UT 84088 801-233-8670 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 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 with 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.	A.	Heidi Marks	Section Manager, 0	Criminal Justice Services	384-468-3423			
Covered Person's County Address/Volunteer's Address Clinical Consultants Outside institution, entity, private business or person in which the Covered Person has a personal or business interest for which disclosure is required in the above section Part-time employment Covered person's status, relationship or commitment to the institution, entity, business or person named above 7601 S Redwood Rd, West Jordan, UT 84088 801-233-8670 Address and phone number of the 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. None of the above categories apply. One of the above categories apply		Covered Person	Position, or County Division	for which you are employed or volunteering	County/Volunteer's Phone			
Olinical Consultants Outside institution, entity, private business or person in which the Covered Person has a personal or business interest for which disclosure is required in the above section Part-time employment Covered person's status, relationship or commitment to the institution, entity, business or person named above 7601 S Redwood Rd, West Jordan, UT 84088 801-233-8670 Address and phone number of the institution, entity, business or person named above 7601 S Redwood Rd, West Jordan, UT 84088 801-233-8670 Address and phone number of the 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 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 is subject to the regulation of Sa Lake County. I and 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. One of the above categories apply. One of the above categories apply. One adetailed 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 substance abuse groups that contain mutual clients of Clinical Consultants and CJS. Clinical Consultants with many staff that are employed at CJS in regard to clients' progress in treatment, to which I am a part of determining at Clinical Consultants. However, I do not directly report to CJS on behalf of Clinical Consultants in regard to any clients. Clinical Consultants		145 East 1300 S	outh, Suite 501, Salt	Lake City, UT 84115-6141				
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 Parl-time employment Covered person's status, relationship or commitment to the institution, entity, business or person named above 7601 S Redwood Rd, West Jordan, UT 84088 801-233-8670 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 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 wis 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 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 substance abuse groups that contain mutual clients of Clinical Consultants and CJS. Clinical Consultants works with many staff that are employed at CJS in regard to clients' progress in treatment, to which I am a part of determining at Clinical Consultants. However, I do not directly report to CJS on behalf of Clinical Consultants in a part of a very clients. Clinical Consultants holds contracts that are subject to the regulation of Salt Lake County Behavioral Health Services. West Jordan, UT To City or other location, and		Covered Person's County	y Address/Volunteer's Address	S				
Outside institution, entity, private business or person in which the Covered Person has a personal or business interest for which disclosure is required in the above section Part-time employment Covered person's status, relationship or commitment to the institution, entity, business or person named above 7601 S Redwood Rd, West Jordan, UT 84088 801-233-8670 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 of Sa Lake County. I am an officer, director, agent, employee or owner of a substantial interest in a business entity that is subject to the regulation of Sa 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. Of 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.) If acilitate substance abuse groups that contain mutual clients of Clinical Consultants and CJS. Clinical Consultants works with many staff that are employed at CJS in regard to clients' progress in treatment, to which I am a part of determining at Clinical Consultants. However, I do not directly report to CJS on behalf of Clinical Consultants in regard to any clients. Clinical Consultants holds contracts that are subject to the regulation of Salt Lake County Behavioral Health Services. West Jordan, UT To Consultants holds contracts tha	В.	Clinical Consulta	ınts					
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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		Part-time employ	/ment					
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 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 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.) If actilitate substance abuse groups that contain mutual clients of Clinical Consultants and CJS. Clinical Consultants works with many staff that are employed at CJS in regard to clients' progress in treatment, to which I am a part of determining at Clinical Consultants. However, I do not directly report to CJS on behalf of Clinical Consultants in regard to any clients. Clinical Consultants holds contracts that are subject to the regulation of Salt Lake County Behavioral Health Services. declare under criminal penalty under the law of Utah that the foregoing is true and correct. Signed on the 19		Covered person's status,	relationship or commitment to	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 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 wis Salt Lake County. I along 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. 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 is completed.) I facilitate substance abuse groups that contain mutual clients of Clinical Consultants and CJS. Clinical Consultants works with many staff that are employed at CJS in regard to clients' progress in treatment, to which I am a part of determining at Clinical Consultants. However, I do not directly report to CJS on behalf of Clinical Consultants in regard to any clients. Clinical Consultants holds contracts that are subject to the regulation of Salt Lake County Behavioral Health Services. declare under criminal penalty under the law of Utah that the foregoing is true and correct.		7601 S Redwood	d Rd, West Jordan, L	JT 84088 801-233-8670				
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I am an officer, director, agent, employee or owner of a substantial interest in a business entity that does or anticipates doing business wis 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 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 substance abuse groups that contain mutual clients of Clinical Consultants and CJS. Clinical Consultants works with many staff that are employed at CJS in regard to clients' progress in treatment, to which I am a part of determining at Clinical Consultants. However, I do not directly report to CJS on behalf of Clinical Consultants in regard to any clients. Clinical Consultants holds contracts that are subject to the regulation of Salt Lake County Behavioral Health Services. declare under criminal penalty under the law of Utah that the foregoing is true and correct.			ector, agent, employee or the o	owner of a substantial interest in a business entity	that is subject to the regulation of Sal			
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O. 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 substance abuse groups that contain mutual clients of Clinical Consultants and CJS. Clinical Consultants works with many staff that are employed at CJS in regard to clients' progress in treatment, to which I am a part of determining at Clinical Consultants. However, I do not directly report to CJS on behalf of Clinical Consultants in regard to any clients. Clinical Consultants holds contracts that are subject to the regulation of Salt Lake County Behavioral Health Services. I declare under criminal penalty under the law of Utah that the foregoing is true and correct. Signed on the 19								
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Signed on the 19 Date day of Month , 2022 , West Jordan, UT City or other location, and state or county Heidi Kenney Marks Printed Name		with many staff that a Clinical Consultants.	re employed at CJS in rega However, I do not directly re	rd to clients' progress in treatment, to which eport to CJS on behalf of Clinical Consultants	I am a part of determining at s in regard to any clients.			
West Jordan, UT City or other location, and state or county Heidi Kenney Marks Printed Name	I de	eclare under criminal pena	alty under the law of Utah that	the foregoing is true and correct.	_			
West Jordan, UT City or other location, and state or county Heidi Kenney Marks Printed Name								
City or other location, and state or county Heidi Kenney Marks Printed Name	218	ghed on the day	Month , Year ,					
City or other location, and state or county Heidi Kenney Marks Printed Name		West Jordan, UT						
Printed Name		City or other location, an	d state or county	_				
Printed Name	He	idi Kennev Marks						
		•		_				
			Digitally signed by Heidi Kenney Mark	ks .				

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 Monson	HR Coordinator - Cr	iminal Justice Services	385-468-3535				
: 1.	Covered Person	Position, or County Division f	For which you are employed or volunteering	County/Volunteer's Phone				
	145 East 1300	South #501, Salt Lake	City, Utah 84115					
	Covered Person's Cour	nty Address/Volunteer's Address		_				
В.	Oquirrh Recrea	tion and Parks District						
٠.	Outside institution, ent is required in the above		which the Covered Person has a personal or busi	iness interest for which disclosure				
	Chairman of the	Chairman of the Board of Trustees						
	Covered person's statu	s, relationship or commitment to t	he institution, entity, business or person named	above				
	5624 Cougar La	ane, Salt Lake City, Uta	ah 84118					
	Address and phone nur	nber of the institution, entity, busi	ness or person named above					
С.	I receive or have	agreed to receive compensation fo	de institution, entity, business or person identifi r assisting a person or business entity in a transa and of a substantial interest in a business entity	ction involving Salt Lake County.				
	Lake County. I am an officer, d Salt Lake County I hold an investm I hold a personal	irector, agent, employee or owner . ent or other financial interest that	of a substantial interest in a business entity that creates a potential or actual conflict with my puactual conflict with my public duties.	does or anticipates doing business wi				
Э.			flicts of interest identified above, i.e., the nature excessary. (<i>This disclosure statement will not be a</i>					
	I am the Chairman County.	of the Board for Oquirrh Recre	ation and Parks District which may at time s	seek financing from Salt Lake				
l d	eclare under criminal pe	nalty under the law of Utah that the	ne foregoing is true and correct.					
Çi,	gned on the d	January 2022						
315	Date Date	$\begin{array}{c} \text{ay of } \frac{\text{January}}{\text{Month}}, \frac{2022}{\text{Year}}, \end{array}$						
	Salt Lake City, Utah							
ıt _	City or other location, a	and state or county	_					
Je	ff Monson							
	eff Monson	Digitally signed by Jeff Monson Date: 2022.01.11 08:02:45 -07'00'	_					

Signature

(Use one form for each outside business entity or person you are associated with for which disclosure is required in the above section. If multiple forms for multiple outside business entities or persons are submitted, only one form need be signed and notarized.)

Under the provisions of the County Officers and Employees Disclosure Act, §§ 17-16a-1 et seq., U.C.A., 1953 as amended, I, the undersigned, under penalties of perjury, make the following statement regarding my personal or business interest. (Type or print all information.) A. Jeff Wade Treatment Specialist/ Criminal Justice Services 385-468-3525 Position, or County Division for which you are employed or volunteering Covered Person County/Volunteer's Phone 145 East 1300 South Salt Lake City, Utah 84115 Covered Person's County Address/Volunteer's Address Changes Counseling - Oris Smalley 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 Therapist Covered person's status, relationship or commitment to the institution, entity, business or person named above 8221 South 700 East Sandy, Utah 84070 801-542-7060 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 do individaul and group therapy with clients who are on Medicaid and/or living in Assisted Living facilities. I work with individuals and families that are struggling with lifes challenges by doing therapy with them. None of the individuals I work with are in Drug Court. I declare under criminal penalty under the law of Utah that the foregoing is true and correct. Signed on the Date day of Month Salt Lake City, Utah City or other location, and state or county Jeff Wade Printed Name Oell Wade

(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 Director, Criminal Justice Services	385-468-3425				
11.	Covered Person Position, or County Division for which you are employed or volunteering 145 E 1300 S Suite 501, SLC, UT 85115	County/Volunteer's Phone				
	Covered Person's County Address/Volunteer's Address					
В.	Behavioral Health Services Advisory Council					
Б.	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				
	Memeber					
	Covered person's status, relationship or commitment to the institution, entity, business or person name	ed above				
	Behavioral Health Services 2001 South State St. S2-300 Salt Lake 0	City, UT 84190-3050 (38!				
	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 tran					
	I am an officer, director, agent, employee or the owner of a substantial interest in a business enti	ty that is subject to the regulation of Sal				
	Lake County. I am an officer, director, agent, employee or owner of a substantial interest in a business entity the Salt Lake County.	at does or anticipates doing business wit				
	I hold an investment or other financial interest that creates a potential or actual conflict with my I hold a personal interest that creates a potential or actual conflict with my public duties.	public duties.				
	None of the above categories apply.					
D.	Give a detailed description of the actual or potential conflicts of interest identified above, i.e., the nature of the relationship of each business entity or person with the County. Use more sheets if necessary. (<i>This disclosure statement will not be accepted as valid unless this section is completed.</i>)					
	Member of Advisory Council					
I d	eclare under criminal penalty under the law of Utah that the foregoing is true and correct.					
c:	amed on the 40 day of January 2004					
51	gned on the 12 day of January , 2021 , Date Month Year					
at .	Salt Lake County					
	City or other location, and state or county					
Κe	ele Griffone					
	nted Name					
G:	mature					

(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 volu	unteering County/Volunteer's Phone						
145 E 1300 S S	Suite 501, SLC, UT 84115							
Covered Person's Cour	nty Address/Volunteer's Address							
B. Salt Lake Area	Family Justice Center Advisory Council							
	ity, private business or person in which the Covered Person has a persection	rsonal or business interest for which disclosure						
Board Member	Board Member							
Covered person's statu	s, relationship or commitment to the institution, entity, business or p	person named above						
YWCA 322 Eas	st 300 South Salt Lake City, Utah 84111							
Address and phone nur	nber of the institution, entity, business or person named above							
C. Select the category the	at applies to yourself and the outside institution, entity, business or p	person identified in subsection (B) above:						
	agreed to receive compensation for assisting a person or business ent	, ,						
	irector, agent, employee or the owner of a substantial interest in a bu							
Lake County.								
I am an officer, d Salt Lake County	irector, agent, employee or owner of a substantial interest in a busine	ss entity that does or anticipates doing business with						
I hold an investm	ent or other financial interest that creates a potential or actual conflic							
=	I hold a personal interest that creates a potential or actual conflict with my public duties.							
None of the abov	e 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>)							
Member of Advisory	y Council							
I declare under criminal pe	nalty under the law of Utah that the foregoing is true and correct.							
Signed on the 18	_{av of} January 2022							
Date Date	ay of Month, 2022, Year,							
Utah								
at City or other location, a	and state or county							
Kele Griffone								
Printed Name								
Kele Griffone	Digitally signed by Kele Griffone Date: 2022.01.18 16:38:58 -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, Cr	iminal Justice Services	3854683425					
11.	Covered Person	Position, or County Division	for 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	ty Address/Volunteer's Address		_					
В.	American Proba	tion and Parole Assoc	iation (APPA) State Representat	ive					
٥.		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							
	State representa	State representative							
	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, bus	iness or person named above						
C.	Select the category that	t applies to yourself and the outs	ide institution, entity, business or person identifi	ed in subsection (B) above:					
	I receive or have a	greed to receive compensation for	or assisting a person or business entity in a transaction	ction involving Salt Lake County.					
	I am an officer, din Lake County.	rector, agent, employee or the ov	vner of a substantial interest in a business entity	that is subject to the regulation of Salt					
	I am an officer, dir		of a substantial interest in a business entity that	does or anticipates doing business with					
	Salt Lake County. I hold an investme		creates a potential or actual conflict with my pu	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>)								
			cation, advocacy, and professional develop						
	corrections profession	onals. Support national trainin	gs that include county employees attending.						
I d	eclare under criminal pen	alty under the law of Utah that t	he foregoing is true and correct.						
Sig	gned on the 18 day	$y \text{ of } \frac{\text{January}}{\text{Month}}, \frac{2022}{\text{Year}},$							
	Date	Month , Year,							
at _	Utah		_						
(City or other location, ar	nd state or county							
Ke	le Griffone								
	nted Name	(a	_						
K	ele Griffone	Digitally signed by Kele Griffone Date: 2022.01.18 16:34:27 -07'00							

Signature

(Use one form for each outside business entity or person you are associated with for which disclosure is required in the above section. If multiple forms for multiple outside business entities or persons are submitted, only one form need be signed and notarized.)

Under the provisions of the County Officers and Employees Disclosure Act, §§ 17-16a-1 et seq., U.C.A., 1953 as amended, I, the undersigned, under penalties of perjury, make the following statement regarding my personal or business interest. (*Type or print all information*.)

A. Kele Griffone	Division Director, Crimina	al Justice Services	3854682435					
Covered Person	Position, or County Division for whi	ch you are employed or volunteering	County/Volunteer's Phone					
145 E 1300 S S	uite 501, SLC, UT 84115							
Covered Person's Coun	ty Address/Volunteer's Address							
_{B.} Criminal Justice	Advisory Council							
Outside institution, enti	Outside institution, entity, private business or person in which the Covered Person has a personal or business interest for which disclosure s required in the above section							
Board Member	Board Member							
Covered person's status	, relationship or commitment to the inst	itution, entity, business or person named	d above					
Mayor's Office of	of Criminal Justice Initiative	s 2001 South State Street I	N4-930 PO Box 144575					
Address and phone nun	ber of the institution, entity, business o	r person named above						
C. Select the category that	t applies to yourself and the outside ins	titution, entity, business or person identi-	fied in subsection (B) above:					
_	**	ting a person or business entity in a trans	* *					
		a substantial interest in a business entity						
Lake County.		•	-					
I am an officer, di Salt Lake County		bstantial interest in a business entity that	t does or anticipates doing business with					
I hold an investm	ent or other financial interest that create	s a potential or actual conflict with my p	public duties.					
=	nterest that creates a potential or actual	conflict with my public duties.						
None of the above	e 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>)							
Member of Advisory	Council							
I declare under criminal per	nalty under the law of Utah that the fore	going is true and correct.						
Signed on the da	y of January 2022							
Date Date	$y ext{ of } \frac{\text{January}}{\text{Month}}, \frac{2022}{\text{Year}},$							
Salt Lake City, Utah S	alt Lake County							
City or other location, a	nd state or county							
Kele Griffone								
Printed Name								
Kele Griffone	Digitally signed by Kele Griffone Date: 2022.01.10 11:55:34 -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.	Brian Lohrke	Assoc. Dire	ector, Crim	inal Justice Services	8-3595		
1 1.	Covered Person	Position, or Cou	nty Division fo	r which you are employed or volunteering	County/Volunteer's Phone		
	145 E 1300 S, S	alt Lake City	, UT 8411	5			
	Covered Person's Count	y Address/Volunto	eer's Address				
В.	Murray City						
Б.	Outside institution, entity is required in the above s		or person in w	hich the Covered Person has a personal or bu	isiness interest for which disclosure		
	Public Safety Ad	lvisory Board	I / Board M	lember			
	Covered person's status,	relationship or co	mmitment to th	e institution, entity, business or person name	ed above		
	5025 S State St.	, Murray, UT	84107				
	Address and phone numb	ber of the institution	on, entity, busin	ess or person named above			
C.	Select the category that	applies to yoursel	f and the outsid	e institution, entity, business or person ident	ified in subsection (B) above:		
	I receive or have ag	greed to receive co	mpensation for	assisting a person or business entity in a trans	saction involving Salt Lake County.		
	I am an officer, dir	rector, agent, empl	oyee or the owr	ner of a substantial interest in a business entit	y that is subject to the regulation of Salt		
	I am an officer, dir	ector, agent, emplo	yee or owner o	f a substantial interest in a business entity that	at does or anticipates doing business with		
	Salt Lake County. I hold an investme	nt or other financi	al interest that c	reates 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> .)					
				in Salt Lake County. With this board, I h onflict arises, I will make sure to notify m			
I d	eclare under criminal pen	alty under the law	of Utah that the	e foregoing is true and correct.			
Si	gned on the 26 day	y of	2022				
O1	Date Date	Month	Year,				
at .	Salt Lake City, UT						
	City or other location, ar	nd state or county					
Br	ian Lohrke						
	nted Name	0					
В	rian Lohrke	Digitally signed by Date: 2022.01.26					

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.	Brian Lohrke	Assoc. Dir	ector, Criminal Jus	tice Services	8-3595		
11.	Covered Person	Position, or Cou	nty Division for which you	are employed or volunteering	County/Volunteer's Phone		
	145 E 1300 S, S	alt Lake City	, UT 84115				
	Covered Person's Count	y Address/Volunte	er's Address				
В.	State of Utah, O	ffice of the M	edical Examiner				
Б.	Outside institution, entity is required in the above s		or person in which the Co	vered Person has a personal or bus	iness interest for which disclosure		
	Medicolegal Dea	ath Investiga	or				
	Covered person's status,	relationship or co	nmitment to the institution	, entity, business or person named	above		
	4451 S 2700 W,	Taylorsville,	UT 84129				
	Address and phone num	ber of the institution	n, entity, business or perso	n named above			
C.	Salact the entagery that	t annlies to voursel	Fand the outside institution	, entity, business or person identif	iad in subsection (P) above		
С.	_	• •			action involving Salt Lake County.		
					that is subject to the regulation of Salt		
	Lake County.	ector, agent, empr	byce of the owner of a subs	tantial interest in a dusiness entity	that is subject to the regulation of Sait		
		ector, agent, emple	yee or owner of a substanti	al interest in a business entity that	does or anticipates doing business with		
	Salt Lake County. I hold an investme	nt or other financi	l interest that creates a pot	ential or actual conflict with my pu	ublic duties.		
			a potential or actual conflic				
	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>)					
	Lake County. In the	course of my du		I am assigned to part-time inve ith Salt Lake County departmer			
I d	•	•	of Utah that the foregoing i	s true and correct.			
Sig	gned on the 26 Date day	y of Month	, 2022 , Year ,				
	Salt Lake City, UT						
at .	City or other location, ar	nd state or county					
Br	ian Lohrke						
	nted Name						
В	rian Lohrke	Digitally signed by Date: 2022.01.26					

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.) Brian Lohrke Assoc. Director, Criminal Justice Services Position, or County Division for which you are employed or volunteering County/Volunteer's Phone 145 E 1300 S, Ste 501, Salt Lake City, UT 84115 Covered Person's County Address/Volunteer's Address **Unified Police Department** 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 Reserve Police Officer Covered person's status, relationship or commitment to the institution, entity, business or person named above 3365 S 900 W, Salt Lake City, UT 84119 801-840-4000 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.) Unified Police Department is a law enforcement agency within Salt Lake County. UPD often times engages in joint operations with Salt Lake County, which presents a chance for conflict, small albeit. In the chance of conflict, I will be cognizant of the situations, and alert my supervisors, as needed. I declare under criminal penalty under the law of Utah that the foregoing is true and correct. Signed on the $\frac{26}{Date}$ day of $\frac{January}{Month}$ Salt Lake City, UT City or other location, and state or county

Signature

Brian Lohrke
Printed Name

Brian Lohrke

This statement is a public document. It must be filed with the covered person's immediate supervisor, volunteer or community liaison, division director, department director or elected official, and the County Council. It must be filed when the potential conflict arises and refiled every January, as long as the potential conflict exists.

Digitally signed by Brian Lohrke

Date: 2022.01.26 12:01:22 -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.) Kristina Pulsiphe Criminal Justice Services 385-468-3541 Position, or County Division for which you are employed or volunteering County/Volunteer's Phone 145 E. 1300 S. #501, Salt Lake City, UT 84115 Covered Person's County Address/Volunteer's Address Ruff Haven Crisis Sheltering 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/Volunteer** 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. (This disclosure statement will not be accepted as valid unless this section is completed.) I am the volunteer Executive Director of Ruff Haven Crisis Sheltering. We provide emergency services for the pets of individuals experiencing a temporary crisis. We may have clients who are receiving services through Criminal Justice Services in our program. We also offer court ordered community service opportunities and may have CJS clients complete their hours through our organization. I declare under criminal penalty under the law of Utah that the foregoing is true and correct. Signed on the $\frac{10}{Date}$ day of $\frac{January}{Month}$ Salt Lake County City or other location, and state or county Kristina Pulsipher Printed Name Kristina Pulsipher Digitally signed by Kristina Pulsipher Date: 2022.01.10 16:58:53 -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.) Madisen Drury Criminal Justice Section Manager 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, Utah Water Polo, and Collegiate Water Polo Association 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 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. Signed on the $\frac{10}{Date}$ day of $\frac{January}{Month}$ Salt Lake City, Utah City or other location, and state or county Madisen Drury 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*.)

Δ	Tara Bennion Case Manager, SLCO Criminal Justice Services	385-468-3539				
11.	Covered Person Position, or County Division for which you are employed or volunteering 145 E 1300 S Suite 501, SLC Utah 84115	County/Volunteer's Phone				
	Covered Person's County Address/Volunteer's Address					
В.	Volunteers of America, Utah					
٥.	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				
	Volunteering, and voting board member					
	Covered person's status, relationship or commitment to the institution, entity, business or person named	above				
	447 West Bearcat Drive SLC, Utah 84115 8013639414					
	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 Salt Lake County. I hold an investment or other financial interest that creates a potential or actual conflict with my p					
	I hold a personal interest that creates a potential or actual conflict with my public duties.	aone dates.				
	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 recently accepted a voting position on the VOA Board of Directors starting 1/1/2022. I also and at their programs. This could be direct client service and or non direct client service.	will be volunteering at events				
I d	leclare under criminal penalty under the law of Utah that the foregoing is true and correct.					
Si	gned on the day of January , 2022,					
SIĘ	Date Month , Year ,					
at .	Salt Lake City, Salt Lake County , Utah					
aı.	City or other location, and state or county					
Та	ara Bennion					
Pri	inted Name					
Τ	ara Bennion Digitally signed by Tara Bennion Date: 2022.01.10 15:23:26 -07'00'					

Signature