(Use one form for each outside business entity or person you are associated with for which disclosure is required in the above section.)

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

A.	Kele Griffone	Criminal Justice Services Division Director	385-468-3425
	Covered Person	Position, or County Division for which you are employed of	or volunteering County/Volunteer's Phone
	145 East 1300 Sout	h Suite 501, SLC, UT 84115	
	Covered Person's County	y Address/Volunteer's Address	
B.	Behavioral Health A		
	Outside institution, entity is required in the above s	y, private business or person in which the Covered Person has	s a personal or business interest for which disclosure
	•	Cetton	
	Board Member Covered person's status	relationship or commitment to the institution, entity, busines	s or person named above
			s of person named doore
		treet SLC, UT 84115 per of the institution, entity, business or person named above	
		•	
C.	Select the category that	applies to yourself and the outside institution, entity, busines	ss or person identified in subsection (B) above:
	I receive or have ag	greed to receive compensation for assisting a person or busine	ss 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.		
		ector, agent, employee or owner of a substantial interest in a bunty.	business entity that does or anticipates doing business
	I hold an investmen	nt or other financial interest that creates a potential or actual otterest that creates a potential or actual conflict with my public	
D.		on of the actual or potential conflicts of interest identified above County. Use more sheets if necessary. (<i>This disclosure sta</i>	
	None in C Apply		
	Advisory Board Me	ember as part of my duties as CJS Division Direct	or.
I de	eclare under criminal pena	alty under the law of Utah that the foregoing is true and corre	ct.
Sig	gned on the 17 day	of January , 2020 ,	
	Date	Month Year	
	Salt Lake County		
(City or other location, an	d state or county	
Ke	ele Griffone		
	nted Name	Digitally signed by Kala Criffons	
K	ele Griffone	Digitally signed by Kele Griffone Date: 2020.01.17 14:31:11 -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.)

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	Kele Griffone	Criminal Justice Services	Division Director	385-468-3425
11.	Covered Person		r which you are employed or volunteering	County/Volunteer's Phone
	145 East 1300 Sou	th Suite 501, SLC, UT 8411	5	
		ty Address/Volunteer's Address		
В.	Salt Lake Family Ju	ustice Center Advisory Board	d	
		ty, private business or person in what	nich the Covered Person has a personal or bus	iness interest for which disclosure
	Board Member			
	Covered person's status	, relationship or commitment to the	e institution, entity, business or person named	above
	300 S 300 E, SLC,	UT 84115		
	Address and phone num	ber of the institution, entity, busin	ess or person named above	
C.	Select the category tha	t applies to yourself and the outsid	e institution, entity, business or person identif	ñed in subsection (B) above:
	I receive or have a	greed to receive compensation for	assisting a person or business entity in a transa	action involving Salt Lake County,
	I am an officer, di Salt Lake County.		er of a substantial interest in a business entity	that is subject to the regulation of
			f 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 i	nterest that creates a potential or a	ctual conflict with my public duties.	
D.	Give a detailed descripentity or person with the is completed.)	tion of the actual or potential conflue County. Use more sheets if nec	icts of interest identified above, i.e., the nature essary. (This disclosure statement will not be	of the relationship of each busines accepted as valid unless this section
	None in C Apply			
	Advisory Board M	ember as part of my duties a	as CJS Division Director.	
I d	eclare under criminal per	nalty under the law of Utah that the	foregoing is true and correct.	
Sic	gned on the 17 da	v of January 2020		
016	Date Date	y of January , 2020, Month Year	*	
	Salt Lake County			
(City or other location, as	nd state or county		
K.	ole Griffene	F:		
Pri	ele Griffone nted Name			
K	ele Griffone	Digitally signed by Kele Griffone Date: 2020.01.17 14:31:11 -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.)

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.	Kele Griffone	Criminal Justice Services	Division Director	385-468-3425	
	Covered Person	Position, or County Division fo	r which you are employed or volunteering	County/Volunteer's Phone	
	145 East 1300 Sout	th Suite 501, SLC, UT 8411	5		
	Covered Person's Count	y Address/Volunteer's Address			
В.	Criminal Justice Adv	visory Council			
	Outside institution, entity	y, private business or person in w	hich the Covered Person has a personal or busin	ness interest for which disclosure	
	is required in the above s	section			
	Board Member		e institution, entity, business or person named a	the constant	
	,	•	e institution, entity, business or person named a	loove	
	2001 S. State Stree	t, SLC, UT 84115 ber of the institution, entity, busin	ass or parson named shows		
		,	•		
C.	Select the category that	applies to yourself and the outsid	e 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 transact	tion 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.				
Т.					
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>)				
	None in C Apply				
	Advisory Board Me	ember as part of my duties	as CJS Division Director.		
	L				
I d	eclare under criminal pen	alty under the law of Utah that the	foregoing is true and correct.		
Sig	ned on the 17 day	of January , 2020 , Month Year			
	Salt Lake County				
	City or other location, an	d state or county			
Κe	ele Griffone nted Name				
		Digitally signed by Kele Griffone		*	
K	ele Griffone Digitally signed by Kele Griffone Date: 2020.01.17 14:31:11 -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.)

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

A.	Kele Griffone	Criminal Justice Services Division Director	385-468-3425
- 57	Covered Person	Position, or County Division for which you are employed or volunte	ering County/Volunteer's Phone
		th Suite 501, SLC, UT 84115	*
	Covered Person's Count	sy Address/Volunteer's Address	***************************************
В.	Legacy Plus 13, LL		
	Outside institution, entity is required in the above s	y, private business or person in which the Covered Person has a person section	nal or business interest for which disclosure
	Owner		
	Covered person's status,	relationship or commitment to the institution, entity, business or personal relationship or commitment to the institution, entity, business or personal relationship or commitment to the institution, entity, business or personal relationship or commitment to the institution, entity, business or personal relationship or commitment to the institution of th	on named above
	4080 S. Montaia Dr		
	Address and phone num	ber of the institution, entity, business or person named above	
C.	Select the category that	t applies to yourself and the outside institution, entity, business or person	on identified in subsection (B) above:
	I receive or have ag	greed to receive compensation for assisting a person or business entity i	n a transaction involving Salt Lake County.
	I am an officer, dir Salt Lake County.	rector, agent, employee or the owner of a substantial interest in a busine	ess entity that is subject to the regulation of
		rector, agent, employee or owner of a substantial interest in a business enunty.	ntity that does or anticipates doing business
	I hold an investme	ent or other financial interest that creates a potential or actual conflict with my public duties.	rith my public duties.
Б			
D.		cion of the actual or potential conflicts of interest identified above, i.e., the County. Use more sheets if necessary. (This disclosure statement with the County is a confidence of the confid	
	None in C Apply I am an owner of a Lake County.	a consulting business that does not provide services or an	ticipate doing business with Salt
I d	eclare under criminal pen	alty under the law of Utah that the foregoing is true and correct.	
Sig	ned on the 17 Date day	y of <u>January</u> , <u>2020</u> , Month , <u>Year</u>	
	Salt Lake County City or other location, an	nd state or county	
	., 104,110,113, 44.		
Ke	ele Griffone nted Name		
	ele Griffone	Digitally signed by Kele Griffone	
_	nature	Date; 2020.01.17 14:31:11 -07'00'	
OIR	Hatale		

(Use one form for each outside business entity or person you are associated with for which disclosure is required in the above section.)

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 Pulsipher	Criminal Justice Services	385-468-3541
	Covered Person	Position, or County Division for which you are employed or volunteering	County/Volunteer's Phone
		, Salt Lake City, UT 84115	
	Covered Person's County	Address/Volunteer's Address	
В.	Street Dawg Crew of		
	Outside institution, entity, is required in the above see	private business or person in which the Covered Person has a personal or bus ction	iness interest for which disclosure
	Volunteer/Board Men		
	Covered person's status, re	elationship or commitment to the institution, entity, business or person named	above
		or., Taylorsville, UT 84123	
	Address and phone numbe	er of the institution, entity, business or person named above	
C.	Select the category that a	applies to yourself and the outside institution, entity, business or person identif	ied in subsection (B) above:
	I receive or have agre	eed to receive compensation for assisting a person or business entity in a transa	action involving Salt Lake County.
	I am an officer, direct Salt Lake County.	ctor, agent, employee or the owner of a substantial interest in a business entity	that is subject to the regulation of
		ctor, agent, employee or owner of a substantial interest in a business entity that aty.	does or anticipates doing business
	I hold a norganal inte	t or other financial interest that creates a potential or actual conflict with my prerest that creates a potential or actual conflict with my public duties.	ablic duties.
D.		on of the actual or potential conflicts of interest identified above, i.e., the nature	of the relationship of each busines
D.		County. Use more sheets if necessary. (This disclosure statement will not be	
	care for the pets of person members of the con	d board member with Street Dawg Crew of Utah. We provide for people experiencing homelessness and other vulnerable popula nmunity who are also clients of Criminal Justice Services. We all not receive any kind of compensation for our services.	ations. We often serve
		45	
I d	eclare under criminal penal	ty under the law of Utah that the foregoing is true and correct.	
Sig	ned on the 17 day of Date	of January , 2020, Month Year	
	Salt Lake County		
•	City or other location, and	state or county	
	stina Pulsipher		
	_{ristina} Pulsinher	Digitally signed by Kristina Pulsipher Date: 2020.01.17 14:50:47 -07'00'	
-	nature	Date: 2020.01.17 14:50:47 -07'00'	
JIB			

(Use one form for each outside business entity or person you are associated with for which disclosure is required in the above section.)

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.) County/Volunteer's Phone Covered Person's County Address/Volunteer's Address 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 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 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. 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 declare under criminal penalty under the law of Utah that the foregoing is true and correct. Signed on the Printed N

(Use one form for each outside business entity or person you are associated with for which disclosure is required in the above section.)

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.) 501 Suito 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 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 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. 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.) essary. I disclose Will I declare under criminal penalty under the law of Utah that the foregoing is true and correct. _ day of Jahuary , 2020, Printed

(Use one form for each outside business entity or person you are associated with for which disclosure is required in the above section.)

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 Cominal Justice Services 385-448-3514 Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone
	145 E.1300S. Ste 501 Sicht 84115 Covered Person's County Address/Volunteer's Address
В.	Odyssey House 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
	Employed Part time 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.
D.	
	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.) Complete assessments for CATS Chients. I do not complete assessments for chients that are involved with dry court.
	ding court
I d	eclare under criminal penalty under the law of Utah that the foregoing is true and correct.
Sig	aned on the 22 day of Jan , 2000 Month Year
at .	Sut Lake City or other location, and state or county
Pri	this has Salinas
7	

(Use one form for each outside business entity or person you are associated with for which disclosure is required in the above section.)

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.)

und	er penalties of perjury, make t	ne following statement rega	rding my personal or ous	mess interest. (1) pe o	, ,
4	Inmana	Dhaher			68 - 3495
Α.	Covered Person Pos	ition, or County Division fo			County/Volunteer's Phone
	145 trast	1300 South	Suite 501	sic, ut	84115
	Covered Person's County Add	lress/Volunteer's Address			
В.	Draper Th	rempy + we	ulness (evr	Pr	
	Outside institution, entity, priving is required in the above section	n	men the Covered Leison	nas a personar or easi	ness interest for which disclosure
	I work as	a theapist	- with this	agency	
	Covered person's status, relati	onship or commitment to the	ne institution, entity, busi	ness or person named o	above
	12397 Sout	4 300 Ea.	Suite 150		xt 84020
	Address and phone number of	the institution, entity, busing	ness or person named abo	ove	
C.	Select the category that appl	ies to yourself and the outsi	de institution, entity, bus	ness or person identifi	ed in subsection (B) above:
	I receive or have agreed	to receive compensation for	assisting a person or bus	iness entity in a transac	ction involving Salt Lake County.
	Laman officer director	agent employee or the ow	ner of a substantial intere	est in a business entity	that is subject to the regulation of
	Salt Lake County				
	l am an officer, director with Salt Lake County.	, agent, employee or owner	of a substantial interest in	a business entity that t	does or anticipates doing business
	I hold an investment or	other financial interest that	creates a potential or acti	nal conflict with my pu	iblic duties.
	I hold a personal interes	et that creates a potential or	actual conflict with my p	ublic duties.	
D.	Give a detailed description o	f the actual or potential conf	licts of interest identified	l above, i.e., the nature	of the relationship of each busines
	entity or person with the Co is completed.)	unty. Use more sheets if ne	cessary. (This disclosure	statement will not be c	accepted as valid unless this section
		C - (1 - 1 - of	- 1. to ment		
	THERE IS NO	or a private	- ILIONGI		
	1 work for	or a private	Eaceney		
		1	5)		
Ιc	eclare under criminal penalty	under the law of Utah that th	ne foregoing is true and c	orrect.	
Si	gned on the Date day of	Jan. , 2020 Year			
at	Sattake C	ty, Utah			
Pr	Jumana D	name	_		

(Use one form for each outside business entity or person you are associated with for which disclosure is required in the above section.)

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.	Publicia Bowles Treatment Specialist CVS Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone
	Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone
	145 E 1300 S, Ste 501 SLC W 84115 Covered Person's County Address/Volunteer's Address
	사용 전 보다
В.	Middle Path Counseling 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/H-evapist Covered person's status, relationship or commitment to the institution, entity, business or person named above
	4505 S. Wasatan Blyt. Holladan UT 84124
	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.
	1 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.
D.	Give a detailed description of the actual or potential conflicts of interest identified above, i.e., the nature of the relationship of each business entity or person with the County. Use more sheets if necessary. (This disclosure statement will not be accepted as valid unless this section
	is completed.)
	I work for a private business that has no interest USL country
	interact WSL country
I d	eclare under criminal penalty under the law of Utah that the foregoing is true and correct.
Sig	aned on the $\frac{73}{\text{Date}}$ day of $\frac{1}{\text{Month}}$, $\frac{2000}{\text{Year}}$
	SLC UT City or other location, and state or county
D.'	Kebecca Boules
Prii	Rebecca Boules Medicalows
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.)

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.	Tara Bennion	Case Manger Criminal Justice Services	385-468-3539
	Covered Person	Position, or County Division for which you are employed or volunteering	County/Volunteer's Phone
	145 E. 1300 S. Su	uite 501 SLC,UT 84115	
	Covered Person's Cou	nty Address/Volunteer's Address	
В	Volunteers of Ame	ercia of Utah- VOA	
	Outside institution, entire is required in the above	tity, private business or person in which the Covered Person has a personal or busi e section	ness interest for which disclosure
	Voluneteer		
		is, relationship or commitment to the institution, entity, business or person named	above
	Administration offi	ce 435 West Bearcat Drive Salt Lake City, UT 84115	
	Address and phone nur	mber of the institution, entity, business or person named above	
C.	Select the category th	at applies to yourself and the outside institution, entity, business or person identifi	ed in subsection (B) above:
	I receive or have	agreed to receive compensation for assisting a person or business entity in a transaction	ction involving Salt Lake County.
	Salt Lake County		
	with Salt Lake C		
	I hold an investm I hold a personal	nent or other financial interest that creates a potential or actual conflict with my pu interest that creates a potential or actual conflict with my public duties.	blic duties.
D.	Give a detailed descrientity or person with is completed.)	ption of the actual or potential conflicts of interest identified above, i.e., the nature the County. Use more sheets if necessary. (<i>This disclosure statement will not be a</i>	of the relationship of each business ccepted as valid unless this section
	other odds and e	eer with VOA with special events and other clerical duties. I also he and volunteer work. There could be a potential conflict if I run into cli dentiality laws under both entities. Most of my volunteer duties are	ents but will abide by all
I de	eclare under criminal pe	enalty under the law of Utah that the foregoing is true and correct.	
Sig	ned on the 21 Date	ay of January , 2020 , Month , Year	
ıt - S	Salt Lake City, UTA	NH	
	City or other location,		
т-	es Bannian		
Prin	ra Bennion nted Name		
	Tara Benn	444	
71.	Tura com		

Signature

(Use one form for each outside business entity or person you are associated with for which disclosure is required in the above section.)

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*.)

	Jeff Wade Criminal Justice Services 385-468-	
	Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's	Phone
	145 E. 13005. SLC, Ut. 84115 Covered Person's County Address/Volunteer's Address	
	Outside institution, entity, private business or person in which the Covered Person has a personal or business interest for which dis required in the above section Therapist	isclosure
	Covered person's status, relationship or commitment to the institution, entity, business or person named above	
	8221 S. 700 E. Sandy, Ut. 84070 / 801-542-706 Address and phone number of the institution, entity, business or person named above	0_
C.		ve:
D.	I am an officer, director, agent, employee or the owner of a substantial interest in a business entity that is subject to the regressalt Lake County. I am an officer, director, agent, employee or owner of a substantial interest in a business entity that does or anticipates doing 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. Give a detailed description of the actual or potential conflicts of interest identified above, i.e., the nature of the relationship of eace entity or person with the County. Use more sheets if necessary. (This disclosure statement will not be accepted as valid unless that creates a potential conflicts of interest identified above, i.e., the nature of the relationship of eace entity or person with the County.	alation of business
	I conduct therapy both Individual & Group Sicssians. I do he Contact with some clients who are on Probation or Pretrial Surviva	his section
	is completed.) I conduct therepy both Individual & Grove Sussions T do be	his section
[de	I conduct therapy both Individual & Group Sicssians. I do he Contact with some clients who are on Probation or Pretrial Surviva	his section
	I conduct therapy both Individual & Group Sicssipns. I do he Contact with some clients who are on Probation or Pretrial Service However, I do not have any contact with Drug Court Clients.	his section
Sig	I conduct therapy both Individual & Group Sicssians. I do he Contact with some clients who are on Probation or Pretrial Service However, I do not have any contact with Drug Court Clients. declare under criminal penalty under the law of Utah that the foregoing is true and correct.	his section
Sign	I conduct therapy both Individual & Group Sicssians. I do he Contact with Some clients who are on Probation or Pretrial Service However, I do not have any contact with Drug Court Clients. Ideclare under criminal penalty under the law of Utah that the foregoing is true and correct. Igned on the 22 day of January, 2020, Month Year	his section

(Use one form for each outside business entity or person you are associated with for which disclosure is required in the above section.)

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.	Achley Innerez Crunal Justice Services person 385-468-3577 Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone
	145 E 1300 S Swife Sol Covered Person's County Address/Volunteer's Address
В.	Outside institution, entity, private business or person in which the Covered Person has a personal or business interest for which disclosure is required in the above section
	Teacher'S Assistant 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:
0.	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.
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>)
	Bon't See and Potential Carlifficts IE a Circut enrolled in the
	Lourse I will notify my supervisor.
I de	eclare under criminal penalty under the law of Utah that the foregoing is true and correct.
Sig	ned on the Date day of Month, 20, Year,
	Sall Jose Class 17
at _	City or other location, and state or county
	Ashley Jimenez
Prin	nted Name

(Use one form for each outside business entity or person you are associated with for which disclosure is required in the above section.)

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	CHRIS PACHECO	CASE MANAGER		385-468-3590
	Covered Person		ch you are employed or volunteering	County/Volunteer's Phone
		LAKE CITY, UTAH 84115		
	Covered Person's County	Address/Volunteer's Address		
В.	DISCOVER CARD,	LLC - CREDIT CARD COMPAI	NY	1 1 1 C 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	Outside institution, entity is required in the above so		the Covered Person has a personal or busing	ness interest for which disclosure
		FROM HOME DOING CUSTO		
	•		itution, entity, business or person named a	above
		LVD WEST VALLEY CITY, UT		
		er of the institution, entity, business o		
C.	Select the category that	applies to yourself and the outside ins	titution, entity, business or person identific	ed in subsection (B) above:
	I receive or have ag	reed to receive compensation for assist	ting a person or business entity in a transac	ction involving Salt Lake County.
	I am an officer, dire Salt Lake County.	ector, agent, employee or the owner of	a substantial interest in a business entity t	hat is subject to the regulation of
	I am an officer, dire		bstantial interest in a business entity that d	loes or anticipates doing business
	I hold an investmen	t or other financial interest that create	s a potential or actual conflict with my pu	blic duties.
	I hold a personal in	terest that creates a potential or actual	conflict with my public duties.	
D.	Give a detailed descripti	on of the actual or potential conflicts o	f interest identified above, i.e., the nature	of the relationship of each busine
	entity or person with the is completed.)	County. Use more sheets if necessar	y. (This disclosure statement will not be a	cceptea as valia uniess tins secilo
	NONE			
	<u></u>			
l d	eclare under criminal pena	lty under the law of Utah that the fore	going is true and correct.	
Sig	gned on the <u>16TH</u> day Date	of JANUARY , 2020 , Year		
at :	CRIMINAL JUSTICE	SERVICES		
	City or other location, and			
	HRIS PACHECO			
ri	nted Name			
/	Min Tochen	S		
Sig	nature			